1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90080 028 \*\*\*150.00

## DOCUMENT # P95000047131

1. Corporation Name

KEVIN HARRINGTON ENTERPRISES. INC.

Principal Place of Business	Mailing Address		1 (804)801; the (819) 819) 84() 84() 84() 84()	4 R.S. 14051   1852   14101   1101   1001
80 GULF BLVD SUITE 103 BELLEAIR BEACH FL 33786 US	80 GULF BLVD SUITE 103 BELLEAIR BEACH FL 33786 US		DO NOT WRITE IN THI  3. Date Incorporated or Qualifed	S SPACE
		, •	06/15/1995	A-died Cer
2. Principal Place of Business	2a. Mailing Address	C. 2 Da	4. FE! Number 59-332 1583	Applied For Not Applicable
21 13535 FEATHER SOUND DR. Suite, Apt. #, etc.	26 /3535 /EFFTHEN	Sound DR.	39 332 1303	\$8.75 Additional
— ········	27 Su/TE 220		5. Certifcate of Status Desired	Fee Required
22 Su/12 220	City & State		6. Election Campaign Financing	\$5.00 May Be
23 CLEANWATER, FZ	28 CLEARWATER	P2	Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year le	
24 33762 25	29 33762 30	·	Personal Property Tax.	Yes No
9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	d Agent
Name HAPPINETON KENIN				
HARRINGTON, KEVIN ONE SEASIDE LANE  HARRINGTON, KEVIN  ONE SEASIDE LANE  **Street Address (P.O. Box Number)  **THIKILIABIOD   A. C.			ess (P.O. Box Number is Not Acceptable)	. 10
1953 TENTHER SOUND TALLES.				(108.
SUITE 103 BELLEAIR FL 34616 83 5u/7E 220				
	•	84 City	EARWATER FI	
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.				
SIGNATURE			4/13/	199
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  DATE				
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
TITLE P V	☐ DELETE	1.1 TITLE		Criange Dribbins
NAME HARRINGTON, KEVIN		1.2 NAME		
STREET ADDRESS 80 GULF BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP BELLEAIR BEACH FL 33786		1.4 CITY-ST-ZIP		Change Addition
TITLE		22 NAME HA	PROUKTON TIM	4
NAME CONTRACTOR		2.3 STREET ADDRESS 13.	PRRINGTON, TIM 535 FEATHER SOUND DRIV	E, #220
STREET ADDRESS		2.4 CITY-ST-ZIP	LEARWATER, PZ 33762	
CITY-ST-ZIP	DELETE	3.1 TITLE <b>D</b>	CHAWITER, 1 5 33100	Change Addition
NAME	_	3.2 NAME AR	THUR, MEZ _ DOWN	1.C H 2 2 A
STREET ADDRESS		3.3 STREET ADDRESS 13	THUK, MET 1535 FEATHER SOUND DRW	E, FILL
CITY-ST-ZIP		3.4. CITY-ST-ZIP	CEHRWATER, PZ 33767	<b>▶</b>
TITLE				
1	☐ DELETE	4.1 TITLE D	,	☐ Change
NAME .	☐ DELETE	10.	DRIBUEZ, KARL 1700 PACIFIC COAST HWY.	☐ Change

Change ☐ Addition □ DELETE 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 YITLE

5.2 NAME

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

□ DELETE