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Apr 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000070076 (1)

1. Corporation Name  
KARE ENOUGH, INC.

Principal Place of Business  
4465 WOODMERE ST  
JACKSONVILLE FL 32210

Mailing Address  
4465 WOODMERE ST  
JACKSONVILLE FL 32210-1810



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/12/1995		3a. Date of Last Report 08/05/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-3336078		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

HUNTER, LEWIS B  
4217 BAY MEADOWS RD STE 2  
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent

81. Name Glenda A. Jowers  
82. Street Address (P.O. Box Number is Not Acceptable)  
P.O. BOX 156, 10353 Old Plant Rd  
83. City Jax  
84. State FL  
85. Zip Code 32220

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 *Glenda A. Jowers* VP. *Glenda A. Jowers* 4/4/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	V/P
NAME	WALKER, DENISE	1.2 NAME	Glenda Jowers
STREET ADDRESS	RT 2 BOX 1880	1.3 STREET ADDRESS	Box 156, 10353 Old Plant Rd
CITY-ST-ZIP	CALLAHAN FL 32011	1.4 CITY-ST-ZIP	Jax, FL 32220
TITLE	VP	2.1 TITLE	
NAME	DEVEREAUX, DENISE	2.2 NAME	
STREET ADDRESS	6892 CISCO RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32219	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	D/S
NAME	FEATHERMAN, KATHY	3.2 NAME	Keith Jowers Secretary
STREET ADDRESS	1935 DELORACHE DR	3.3 STREET ADDRESS	P.O. BOX 156, 10353 Old Plant Rd
CITY-ST-ZIP	JACKSONVILLE FL 32210	3.4 CITY-ST-ZIP	Jax, FL 32220
TITLE	COB	4.1 TITLE	
NAME	WALKER, RICKY	4.2 NAME	
STREET ADDRESS	RT 2. BOX 1880	4.3 STREET ADDRESS	
CITY-ST-ZIP	CALLAHAN FL 32011	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	FEATHERMAN, B.	5.2 NAME	
STREET ADDRESS	1935 DELORACHE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	DEVERAUX, DONNIE	6.2 NAME	
STREET ADDRESS	6892 G S W GARDEN RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32219	6.4 CITY-ST-ZIP	

14. I do 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 trustee 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.

SIGNATURE: *Glenda A. Jowers* 4/4/97 Date 904-384-0210 Daytime Phone

CR2E034 (9/96)