

<b>DOCUMENT # P95000091510</b>			
1. Entity Name <b>KC ENTERPRISES OF CENTRAL FLORIDA, INC.</b>			
Principal Place of Business 2636 BENT HICKORY CIR LONGWOOD FL 32779 US		Mailing Address 2636 BENT HICKORY CIR LONGWOOD FL 32779-3664 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>			
TURNER, BURL E. 2636 BENT HICKORY CIRCLE LONGWOOD FL 32779			Name
			Street Address
			City
8. The above named entity submits this statement for the purpose of changing its registered office or register			
SIGNATURE _____ <small>(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta	
<b>11. OFFICERS AND DIRECTORS</b>			<b>12.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TURNER, BURL E 2636 BENT HICKORY CIRCLE LONGWOOD FL 32779	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP

407-862-8032  
Daytime Phone #

CR2E034 (9/99)