

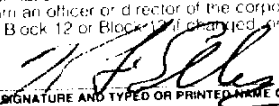
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
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1996 JUN 24 PM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****200.00 ****200.00

PROFIT CORPORATION ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000093259			
1. Corporation Name KENNETH F ELLIS P.A.			
Principal Place of Business 9109 San Jose		Mailing Address PO Box 23603 JACKSONVILLE FL 32241	
2. Principal Place of Business 21 9109 SAN JOSE BLVD	2a. Mailing Address 26 Box 23603 JAX FL	3. Date Incorporated or Qualified 3a. Date of Last Report	
22 State Apt # etc	27 State Apt #, etc	4. FEE Number ☒ Approved For Not Applicable	
23 City & State	28 JACKSONVILLE FL 32241	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24 Zip	29 32241	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
25 Country	30 USA	7. This corporation has liability for intangible tax under S. 119.03, Florida Statutes. ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81 Name JIM REESE		82 Street Address (P.O. Box Number is Not Acceptable) 1524 N. THIRD ST	
83		84 City JACKSONVILLE FL 85 Zip Code 32250	
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 JIM REESE EA 1524 N. THIRD ST JACKSONVILLE BEH, FL 32250 5/18/96			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PSTD Kenneth F. Ellis 9109 San Jose Blvd. Jacksonville, FL.	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	☐ Change ☐ Add
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 or on an attachment with an address.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (12/95)

SCC 6-24-96