FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **P95000094567 (1)**

1. Corporate Name
RON KENT, INC.

Principal Place of Business
190 GRASSY KEY LANE
NAPLES FL 33961

Mailing Address
190 GRASSY KEY LANE
NAPLES FL 33961

3. Date Incorporated or Qualified: **12/13/1995**
3a. Date of Last Report:
4. FEI Number: **58-221-6115** [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 | County 30

9. Name and Address of Current Registered Agent

PINTER, MICHAEL R
4328 CORPORATE SQUARE #C
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1803, 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

Name of New Registered Agent (typed or printed) — Date

12. OFFICER AND DIRECTORS

1 TITLE: D
1 NAME: KENT, RONALD G
1 STREET ADDRESS: 190 GRASSY KEY LANE
1 CITY-ST-ZIP: NAPLES FL 33961
[ ] DELETE

2 TITLE: D
2 NAME: CEBULSKI, GARY R
2 STREET ADDRESS: 171 GRASSY KEY LANE
2 CITY-ST-ZIP: NAPLES FL 33961
[ ] DELETE

3 TITLE: D
3 NAME: KENT, DONALD G
3 STREET ADDRESS: 1948 SHADOWLAWN DRIVE APT. B
3 CITY-ST-ZIP: NAPLES FL 33962
[ ] DELETE

4 TITLE: D
4 NAME: THOMAS, JOSEPH
4 STREET ADDRESS: 3533 SUNSET BOULEVARD
4 CITY-ST-ZIP: NAPLES FL 33962-2957
[X] DELETE

5 TITLE:
5 NAME:
5 STREET ADDRESS:
5 CITY-ST-ZIP:
[ ] DELETE

6 TITLE:
6 NAME:
6 STREET ADDRESS:
6 CITY-ST-ZIP:
[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE: [ ] Change [ ] Addition
1 NAME:
1 STREET ADDRESS:
1 CITY-ST-ZIP:

2 TITLE: [ ] Change [ ] Addition
2 NAME:
2 STREET ADDRESS:
2 CITY-ST-ZIP:

3 TITLE: [ ] Change [ ] Addition
3 NAME:
3 STREET ADDRESS:
3 CITY-ST-ZIP:

4 TITLE: [ ] Change [ ] Addition
4 NAME:
4 STREET ADDRESS:
4 CITY-ST-ZIP:

5 TITLE: [ ] Change [ ] Addition
5 NAME:
5 STREET ADDRESS:
5 CITY-ST-ZIP:

6 TITLE: [ ] Change [ ] Addition
6 NAME:
6 STREET ADDRESS:
6 CITY-ST-ZIP:

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer 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 with an address, or on an attached sheet with an address.

SIGNATURE: Ronald B. Kent Ronald B. KENT Pres. 2/12/96 941-774-7118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)