## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000019373 (5)

| KENT E  | ENVIRONMENTAL, INC.   |  |                               |   |
|---|---|--|-------------------------------|---|
| Principal Plac  | ce of Business  | Mailing Address                        |                               | L HODINARI HIR HANG SHIN ABINI BONA BONA BONA HIBI HODDA HINI 1888 HINI 1888 HINI 1888  |
| 1510 ROWE LANE<br>DELAND FL 32720   |   | 1510 ROWE LANE<br>DELAND FL 32720-3864 |                               |   |
| <u> </u>  |   |  |                               | 3. Date Incorporated or Qualified 3a. Date of Last Report   |
| L   |   |  |                               | 02/26/1996  |
| <b>⊢</b> ¬ '  | Place of Business   | 2a. Mailing Address                    |                               | 4. FEI Number Applied For Not |
| Suite, Apt.   | # etc   | Suite, Apt. #, etc.                    |                               |   |
| 22  |   | 27                                     |                               | 5. Certificate of Status Desired Fee Required   |
| City & Stat   | te  | City & State                           |                               | 6. Election Campaign Financing \$5,00 May Be  |
| 23  |   | 28                                     |                               | Trust Fund Contribution Agded to Fees   |
| Zip   | Country   | Zip                                    | Country                       | 8. This corporation has liability for intangible tax under s. 199.032,  |
| 24  | 25  | 29                                     | 30                            | Florida Statutes Yes 12 No  |
|   | 9. Name and Address of Currer                                     | t Registered Agent                     | 81 Nam                        | 10. Name and Address of New Registered Agent  |
|   | NT, ADRIAN W  |  | O I Naii                      | ic  |
|   | O ROWE LANE   |  | 82 Stree                      | et Address (P.O. Box Number is Not Acceptable)  |
| į DEL   | LAND FL 32720   |  | B3                            |   |
|   |   |  |                               |   |
|   |   |  | 84 City                       | FL 85 Zip Code  |
| 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 |   |  |                               |   |
| 12.   | Signature, typed or printed name of registered age<br>OFFICERS AN |  | E Registered Agent signal     | Nucl required when renstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |
| TITLE   | OF FIGURE AN  | DELETE                                 | 1.1 TITLE                     | Described Addition  |
| NAME  |   |  | 1,2 NAME                      | Adeian W. KENT  |
| STREET ADDRESS  |   |  | 1,3 STREET ADDRES             | S ISIO ROWE Lave  |
| CITY-ST-ZIP   |   |  | 1.4 CITY - ST - ZIP           | PRESCICLET Addition Addison W. KENT ISIO Rowe Lave Deland, FL 32720   |
| TITLE   |   | DELF16                                 | 21 TITLE                      | ☐ Change ☐ Addition   |
| NAME  |   |  | 2.2 NAME                      |   |
| STREET ADDRESS  |   |  | 2.3 STREET ADDRES             | ss   , , , ,  |
| CITY-ST-ZIP   |   |  | 2. 4 CITY - ST - ZIP          |   |
| TITLE   |   | L DELETE                               | 3 1 TITLE                     | Change Addition   |
| NAME  |   |  | 3.2 NAME                      |   |
| STREET ADDRESS  |   |  | 3.3 STREET ADDRES             | is  |
| CITY-ST-ZIP   |   | DELETE                                 | 3.4. CITY-ST-ZIP<br>4.1 TITLE | Change Addition   |
| NAME  |   | _ been                                 | 4.7 STILE<br>4.2 NAME         |   |
| STREET ADDRESS  |   |  | 4.3 STREET ADDRES             |   |
| CITY-ST-ZIP   |   |  | 4.4 CITY-ST-ZIP               | 5   |
| TITLE   | -   | DELETE                                 | 5.1 TITLE                     | ☐ Change ☐ Addition   |
| NAME  |   |  | 5.2 NAME                      |   |
| STREET ADDRESS  |   |  | 5.3 STREET ADDRES             | s   |
| CITY-ST-ZIP   | )   |  | 5.4 CITY-ST-ZIP               | ,   |
| TITLE   |   | ☐ DELETE                               | 61 THLE                       | Change Addition   |
| NAME  |   |  | 6.2 NAME                      |   |
| STREET ADDRESS  |   |  | 6.3 STREET ADDRES             | s   |

SIGNATURE:

**FILED** 

Jul 03 1997 8:00am

Secretary of State

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 coreoration 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 of chapter, or on an attachment with an address.