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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000059276 (1)

KENNINGTON TELECOMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

FILED Apr 16 1998 8:00am Secretary of State



2151 CLIFFBROOK AVE PENSACOLA FL \$2526		2151 CLIFFBROOK AVE PENSACOLA FL 32526			00105
				DO NOT WRITE IN THIS: 3. Date Incorporated or Qualified 07/15/1996	SPACE
2 Principal P	lace of Business	2a. Mailing Address	 	4. FEI Number	Applied For
21 679	3 CHICAGO AVE	26 6793 CH	ICAGO A		Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	(C/O)C //		\$8.75 Additional
22 City & Stat		27 City & State		5. Certificate of Status Desired	Fee Required
City & State 23 PEN.	SACOLA FL	28 PENSACOL	A, PL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pald the cur	
24 525	26 [25]		<u> </u>		Yes No
VE	9, Name and Address of Current	Hegistered Agent	81 Name	10. Name and Address of New Registered	Agent
1 TENTRIFICATION OF THE PARTY O					
2151 CUFFBROOK AVE 82 Street Address (P.O. Box Number is Not Acceptable)					
PENSACOLA FL 32526					
			83		
			84 PL	WSACOLA FL	85 32526
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	PTD	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KENNINGTON, STEPHEN R		1.2 NAME		
STREET ADDRESS	2151 CLIFFBROOK AVE.		1.3 STREET ADDRESS	6793 CHIBARD AVE	
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP	6793 CHIBABO AVE PENSACOLA, FL 32	52L
TITLE		DELETE	2.1 THILE	restricting to be	☐ Change ☐ Addition
NAME			2.2 NAME		·
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST- ZIP	· ;	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZiP		1
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME	•	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP	_	
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CHY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS	`~		6.3 STREET ADDRESS		1
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby o	certify that the information supplied with	this filing does not qualify for	the exemption state	ed in Section 119.07(3)(i), Florida Statutes. I further ce	rtify 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.					