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PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

appears in Block 12 or Block 13

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Mar 05 1997 8:00am

Secretary of State

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DIVISION OF CORPORATIONS

DOCUMENT # P9600063341 (7)

KENNETH D. ALBRITTON, INC.

Principal Place of Business Mailing Address 13654 N 12TH STREET #7 13654 N 12TH STREET #7 TAMPA FL 33613-4287 TAMPA FL 33613 3. Date Incorporated or Qualified 3a. Date of Last Report 07/26/1996 4. FEI Number 2. Principal Place of Business 2a, Mailing Address Applied For 13910 N Dale Maky #1 **४८ - ३**३५ ४। ५५ 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 ampa Trust Fund Contribution Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No 24 29 30 Florida Statutes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SANDERS, WALTER 13910 N DALE MABRY HWY 82 Street Address (P.O. Box Number is Not Acceptable) SUITE ONE 83 **TAMPA FL 33618** 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 timility with, and accept the obligations of Section 607.0505, Florida Statutes. Walter Sanders SIGNATURE (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE ALBRITTON, KENNETH D 1.2 NAME NAME 8006 WEST RIVERCHASE DR STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL 33637 DITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY - ST - ZIP Change □ DELETE 31 TITLE Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change 5.1 TITLE Addition THILE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE 6.2 NAME NAME

> 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

EN Albeillon JR.

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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name