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 # P96000073001 (5)

ANDERSON, KENNEDY & ASSOCIATES, INC.

Principal Place of Business Mailing Address
10470 119 STREET NO 10470 119 STREET NO LARGO FL 33778 LARGO FL 33778-3537

FILED May 15 1997 8:00am Secretary of State



						3. Date Incorporated or Qualified 09/04/1996	3a. Date of L	ast Report	
·	Place of Business	2a. Mailing	Address			4. FEI Number		Applied For	
21		26				59-3401177		Not Applicable	
Suite, Apt	t #, etc	Suite, /	Suite, Apt. #, etc.			5. Certificate of Status Desired	tatus Desired		
City & Sta	ite	City & 28	State			Election Campaign Financing Trust Fund Contribution		.00 May Be dded to Fees	
Ζφ 24	Country 25	Zip 29	3	Country	/	This corporation has liability for Florida Statutes	intangible tax un ☐ Yes 🛣 No	der s. 199.032,	
, 1,	9. Name and Address of Curr			<u> </u>		10. Name and Address of New Re		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
KEN	INEDY, JAMES S JR			81	Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
10470 119 STREET NO					(0.0 D. Al 1.1				
LARGO FL 33778					82 Street Address (P.O. Box Number is Not Acceptable)				
	GO 1 E 00/70			83					
				84	City		FL 85	Zip Code	
office or agent 1 SIGNATURE	registered agent, or both, in the Sta am familiar with, and accept the obl	tenned	,			uited when reinstaling)	11 28, 19	997	
12.	OFFICERS A	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE			
TITLE	President Bess M. Kennedy		☐ DELETE	1.1 TITLE			☐ Ch	iange 🔲 Addition	
NAME				1.2 NAME					
STREET ADDRESS				1.3 STREE	T ADDRESS				
C(TY - ST - Z)P	Largo, Florida 33	3778		1.4 CITY-	ST-ZIP				
TILE	Vice President		DELETE	2.1 TITLE			☐ Ch	ange Addition	
NAME	1	1		22 NAME					
STREET ADDRESS	James S. Kennedy, Jr.			2.3 STREET ADDRESS					
City-St-ZP	+ 3155 Uaklawn Ave.			2. 4 CITY-	st-zip				
THUE	Largo, Florida 3	3//1	DELETE	3.1 TITLE			☐ Ch	nange 🔲 Addition	
NAME				3.2 NAME	į				
STREET ADORESS				3 3 STREE	T ADDRESS				
City-St 7/2				3.4. CITY-					
TiTLE			DELETE	4,1 TITLE	1		Ch	nange	
NAME				4. 2 NAME					
\$TREET ADORESS	. [T ADDRESS				
CITY-ST-ZIP				4.4 CITY-					
TITLE			DELETE	5 1 TITLE	U . LH		, Cr	nange Addition	
NAME	-		_	52 NAME				h	
STREET ADORESS					T ADDRESS			$\mathscr{M}_{\mathfrak{I}}$	
	,			1	1		~~~)``	
C-TY-ST-ZIP			DELETE	5.4 CITY-	or-zir		Ch	nange Addition	
			Emi DELLIE		ŀ	بيري الإن ومياء فيما البياء المناه فيما أمياء		• —	
NAME				6.2 NAME	* 1000000	30000216 -05/23/97010	ಸ್ಥಾಧವರ		
STREET ADDRESS	3				T ADDRESS		43024		
CITY-S1-ZiP				6.4 CITY -	ST-ZIP	***165_00			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)). 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 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28, 1997

813 393-7696 Claytime Phone #