

FILED

Mar 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000082723 (3)

1. Corporation Name
KENTECH INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
2617 S.E. GOWIN ROAD PORT ST LUCIE FL	2617 S.E. GOWIN ROAD PORT ST LUCIE FL 34952-5577

3. Date Incorporated or Qualified 10/03/1996	3a. Date of Last Report 12/
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2. Principal Place of Business	2a. Mailing Address
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21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
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22	City & State	27	City & State
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23	Zip	Country	28	Zip	Country
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24 25 29 30

4. FEI Number	<input checked="" type="checkbox"/> Applied For
	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOGARTY, PATRICK V	81	Name <i>De</i>
320 FERN STREET	82	Street Address <i>36</i>
W PALM BEACH FL 33401		

81 Name Donna L. Farnham

B2	Street Address (P.O. Box Number is Not Acceptable) 2617 SE GOWIN ROAD
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83

84	City	PORT ST LUCIE,	FL	85	Zip Code	34952
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11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 Patricia A. Smith (NOTE: Registered Agent signature required when reinstating) DATE _____

12.	OFFICERS AND DIRECTORS
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	DONOHUE, PATRICIA	
STREET ADDRESS	2817 S.E. GOWIN ROAD	
CITY, ST, ZIP	PORT ST LUCIE FL 34952	

1.1 TITLE	D FREE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	DONOHUE, PATRICIA		
1.3 STREET ADDRESS	3617 S.E. GOWEN ROAD		
1.4 CITY - ST - ZIP	PORT ST. LUCIE, FL 34952		

NAME	Donohue, Kenneth	<input type="checkbox"/> DELETE
STREET ADDRESS	2125	
CITY, ST., ZIP		

2.1 TITLE	D / CBB	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	Donohue FRANCIS T.		
2.3 STREET ADDRESS	2185 56 ERWIN RD		
2.4 CITY, ST, ZIP	PORT ST LUCIE, FL 34952		

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

2.4 CITY, ST, ZIP			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.1 TITLE				
3.2 NAME				
3.3 STREET ADDRESS				
3.4 CITY, ST, ZIP				

TITLE	NAME	STREET ADDRESS	CITY, STATE, ZIP	PHONE	DATE	TIME	STATUS	REMARKS
							<input type="checkbox"/> DELETE	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	

CITY: ST: ZIP:	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	

4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	<input type="checkbox"/> DELETE

5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		

CITY - ST - ZIP	6.4 CITY - ST - ZIP
<p>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 appears in Block 12 or Block 12a, changed, or on an attachment with an address.</p>	

SIGNATURE: Marcus W. Hines REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/97 561-335-7562

CP2E034 (9/96)