

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90007 001 \*\*\*150.00

DOCUMENT # P96000082756

1. Corporation Name

KENNETH & COMPANY, INC.



Principal Place of Business

12000 N. NEBRASKA AVENUE #5  
TAMPA FL 33612

19615 N. Bruce B. Downs  
Tampa, FL 33647

Mailing Address

12000 N. NEBRASKA AVENUE #5  
TAMPA FL 33612

19615 N. Bruce B. Downs Blvd  
Tampa, FL 33647

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 19615 N. Bruce B. Downs  
Suite, Apt. #, etc.

2a. Mailing Address

26 19615 N. Bruce B. Downs  
Suite, Apt. #, etc.

City & State

23 Tampa, FL

Zip Country  
24 33647 25 U.S.

City & State

28 Tampa, FL

Zip Country  
29 33647 30 U.S.

3. Date Incorporated or Qualified

10/03/1996

4. FEI Number

59-3499181

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

CONKLIN, KENNETH J

12000 N. NEBRASKA AVENUE #5

TAMPA FL 33612

19615 N. Bruce B. Downs Blvd  
Tampa, FL 33647

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 DIRECTORS

☐ DELETE

TITLE PD

NAME CONKLIN, KENNETH J

STREET ADDRESS 12000 N. NEBRASKA AVENUE #5

CITY-ST-ZIP TAMPA FL 33612

TITLE PD

NAME CONKLIN, KENNETH J

STREET ADDRESS 19615 N. Bruce B. Downs Blvd

CITY-ST-ZIP TAMPA FL 33647

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CITY-ST-ZIP TAMPA FL 33647

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-99

813-994-1551

CR2E034 (11/98)