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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000101066 (4)

KENNETH L. WAY COMPANY

FILED Mar 12 1997 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address						
OUT THESE STATE HOTE			/ILDE LAKE ROAD COLA FL 32528-8719					
						s. Date Incorporated or Qualified 12/13/1996	3a. Date of La	st Report
	Place of Business	2a. Mailing Address			····	4. FEI Number		Applied For
21	W	26				59-3426 032		Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired See Required Fee Required		
City & State		City & State			6. Election Campaign Financing			
3		28				Trust Fund Contribution Added to Fees		
Zip Country		<i>7</i> ⊕				8. This corporation has liability for intangible tax under s. 199.032,		
4	25 g. Name and Address of Cu	[29] Frent Registered Agent	30	т		Florida Statutes 10. Name and Address of Naw Regi	Yes No	
WAV	, KENNETH L	Tont neglected regent	·· ·	81	Name	ID. (MINO BIN MARIOE OF HAW HOSE	otolog Agont	
	WILDE LAKE ROAD			82	Street Addr	ess (P.O. Box Number is Not Acceptable	<u>, , , , , , , , , , , , , , , , , , , </u>	
	SACOLA FL 32526		52 Street A		Sheet Voor	ess (r. O. Dox (quitibe) is 140t Acceptable	<u>, </u>	
				83				
				84	City		FL 85	Zip Code
11 Pursuant	to the provisions of Sections 607	0502 and 607 1508. Florida 5	tabutes the a		a-named corp	poration submits this statement for the pur		no its registered
SIGNATURE	S warrer, typed or present rame of registurer OFFICERS	d agent and title if agrificable AND DIRECTORS	(NOTE: Registere	ed Age	ant signature requir	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE RS AND DIREC	
1 ILF	D	DELETI	1.1 T	ITLE			Char	ge Addition
NAME	WAY, KENNETH L		1.21	IAME				
STREET ADORESS	8314 WILDE LAKE ROAD				ADDRESS			
CHTY - ST - ZIE THILE	PENSACOLA FL 32526	☐ DELETI			iT-ZiP		☐ Char	ge Addition
NAME			2.2 M					-
STHEET ADORESS			2.3 5	STAEET	ADDRESS			
C/Tr+S*+ZP					ST - ZIP			
1 1 1	•	☐ DELET					Char	ige Addition
NAME STREET ADDRESS				IAME	ADDRESS			
C TY+S1+ZIP					ST-ZIP			
THE F		☐ DELET		TILE			Char	ge Addition
NAME			4 2	NAME				
STREET ADDRESS			435		ADDRESS			
CHTY - ST - 712 Tille	i				מול די			
		☐ DELET		OTY - S	51-21		Chai	ne Andition
		☐ OELET	511	ITLE	51-211		Chai	nge Addition
NAME		☐ DELET	517 527	ITLE IAME	ADDRESS		☐ Chai	nge 🔲 Addition
NAME STREET ADDRESS			511 52) 535 540	TITLE NAME STREET				
NAME STREET ADDRESS CHY ST-ZIP		DELETI	511 52) 535 540	TITLE NAME STREET	ADDRESS		☐ Chai	
NAME STREET ADDRESS CHY ST-ZIP TIFLE NAME			517 52) 535 540 E 6.11	ITLE NAME STREET CITY-S TITLE NAME	ADDRESS ST-ZIP			
NAME STREET ADDRESS CHY ST-ZIP THEE NAME STREET ADDRESS CHY-ST-ZIP			517 528 535 540 E 6.11 628	TITLE NAME STREET CITY-S TITLE NAME STREET	ADDRESS			

I do necesy certify that me information supplied with this limit does not qualify not alle exemptor stated in Section 118.07(3)(i), riving a database. Further continuous report of 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 107. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.