04/30/01 MON 12:59 FAX 904 358 4001 STUTSMAN&THAMES

FILED
May 18, 2001 8:00 am
Secretary of State
05-18-2001 91592 019 ***158.75

2001 UNIFORM BUSI( )SS REPORT (UBR)

DOCUMENT # P98000100813

1. Entity Name

KENSINGTON, INC.

Principal Place of Business

Mailing Address

552190

2. Principal Place of Business	3. Mailing Address
9210 Cypress Green Drive	9210 Cypress Green Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, Florida	City & State: Jacksonville, Florida
Zip: 32256 Country: USA	Zip: 32256 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3554328 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name: Thomas D. King
Street Address (P.O. Box Number Is Not Acceptable): 2672 Seneca Drive
City: Jacksonville **FL** Zip Code: 32259

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE X Thomas D. King, President
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

April 30, 2001
DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) [ ]

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. [ ] **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D/P	[ ] Delete
NAME	Thomas D. King	
STREET ADDRESS	2672 Seneca Drive	
CITY-ST-ZIP	Jacksonville, Florida 32259	
TITLE	D	[ ] Delete
NAME	William Beech	
STREET ADDRESS	285 N. Foster	
CITY-ST-ZIP	Dothan, Alabama 36303	
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Thomas D. King April 30 2001 904/733-8810

Received Time Apr. 30. 1:41PM