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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S15810 (2)

1. Corporation Name

KENNETH JONGBLOED INC.



Principal Place of Business

1860 NORTH ATLANTIC AVENUE 407B
COCOA BEACH FL 32931

Mailing Address

1860 NORTH ATLANTIC AVENUE 407B
COCOA BEACH FL 32931

3. Date Incorporated or Qualified
11/28/1990

3a. Date of Last Report
03/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONGBLOED, KENNETH
2020 N ATLANTIC AVE
SUITE 310
COCOA BEACH FL 32931

81

Name

Same

82

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

1860 N. Atlantic Ave

83

Suite 407

84

City

Same

FL

85 Zip Code

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

Kenneth Jongbloed

Signature, typed or printed name of registered agent and officer, if applicable

(NOTE: Registered Agent signature required when reappointing)

1/11/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME JONGBLOED, KENNETH
STREET ADDRESS 1860 N ATLANTIC AVE B407
CITY-ST-ZIP COCOA BEACH FL

TITLE ST ☐ DELETE

NAME JONGBLOED, CAROLE
STREET ADDRESS 1860 N ATLANTIC AVE B407
CITY-ST-ZIP COCOA BEACH FL

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

TITLE

employee

☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 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

☒ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Kenneth Jongbloed
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/96 407-799-1800
Date Daytime Phone #

CR2E034 (12/95)