5-1 97 B- 4083 FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # \$27105

(3)

T.H.K. ENTERPRISES, INC.

KENNEY, THOMAS H. 718 FOX HILLS DR.

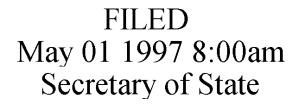
SUN CITY CENTER FL 33573

Principal Place of Business

316 FOX HILLS DR. BUN OTTY CENTER FL 33573

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3 25 HILL 5 bore to 129
9. Name and Address of Current Registered Agent



Yes 🔀 No

Mailing Address										
716 FOX HILLS DR. SUN CITY CENTER FL 33573-5150										
		3.	Date Incorporated or Qualified 01/23/1991	3a. Date of Last Report 04/30/1996						
2a. Mailing Address 26		4.	FEt Number 65-3048334		Applied For Not Applicable					
Suite, Apt. #, etc. 27 City & State 28		5.	5. Certificate of Status Desired		\$8.75 Additional Fee Required					
		6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees					
Zιρ	Country	8.	This corporation has liability for intangible tax under s. 199.032,							

10. Name and Address of New Registered Agent

Florida Statutes

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

	8-	14	City		85	Zip Code
		ŀ		- FL		·
1.	Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abo					
	office or registered agent, or both, in the State of Florida. Such change was authorized to	by	the corporation's board of directors. Thereby	accept the appoi	ritmê	nt as registered

82

83

Name

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agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes. (NCITE: Registered Agent signature required when reinstative) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE TITLE 1.111111 ☐ Change Addition KENNEY, THOMAS H. NAME 1.2 NAME 716 FOX HILLS DR. STREET ADDRESS 1.3 STREET ADDRESS **SUN CITY CENTER FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITE F 21 THE KENNEY, PAULINE K. NAME 2.2 NAME 716 FOX HILLS DR. STREET ADDRESS 2 3 STREET ADDRESS **SUN CITY CENTER FL** CITY-ST-ZIP 2 4 CITY-S1-ZIP DELETE TITLE 317016 Change Addition NAME 3.2 NAME Changes STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change Addition TITLE 41 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CHY-ST-7IP

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 of Block 13 if changed, or on an attachment with an address.