FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1. Corporation Name



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

1996 **DOCUMENT #**

(1)

KENNICKE INVESTMENTS, INC.

Pr	incipal Place of Business	Mailing Address					I IMMII MISMAL ALSIA AIRII ADILLI LIDIA	#111 #1#11 #1# 11	Gillet Bilbit Giftit Atale indi	
7830 PINE FOREST RD. PENSACOLA FL 32526		7830 PINE FOREST RD. PENSACOLA FL 32526								
							3. Date Incorporated or Qualified 08/07/1992		of Last Report /08/1995	
2	Principal Place of Business	2a.	Mailing Addres	s			4. FEI Number		Applied For	
21		26	-				59-3132899		Not Applicable	
ر <u> </u>	Suite, Apt #, etc.		Suite, Apt. #, etc. 27 City & State 28				5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22	City & State								\$5.00 May Be Added to Fees	
23	Zip Country	29	Zijā	30 Cou	ntry		8. This corporation has liability for in Florida Statutes Yes		unders 199.032,	
24	9 Name and Address of Current Registered Agent						10. Name and Address of New Re	egistered A	gent	
	g, realite and readings				81	Name				
MATTHEWS, EDSEL F., JR. 308 S JEFFERSON ST.					82	Street Address (P.O. Box Number is Not Acceptable)				
	PENSACOLA FL 32501				83					
					84	City		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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

12.	ignature typed or protect name of registered agent and to a OFFICERS AND DIRE		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1 1 TillE	Change Additio
NAME	PETERSON, DAVID WALTER		1 2 NAME	
STREET ADDRESS	7830 PINE FOREST RD.		1.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL		1.4 CHTY - ST ZIP	
THILE	D	☐ DELETE	2 1 TITLE	Change Addition
NAMÉ	PETERSON, GRACE E.		2.2 NAME	
STREET ADDRESS	7830 PINE FOREST RD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY - \$1, ZIP	
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NAME			4.2 N4ME	
STREET ADDRESS			4.3 STREET ADDRESS	
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NAME			5 2 NAME	-85/22/3581012015
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CITY - ST - ZIP			5.4 CHTY+ST_ZIP	FI A
TITLE		☐ DELETE	6 1 TIFLE	Change Adddio
NAME			6 2 NAME	\mathcal{V}
STREET ADDRESS			6.3 STREET ADDRESS	<i>✓ 6</i> . <
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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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an artachment with an address

3-29.96 317-328-1868