

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

**APPROVED
AND
FILED**

95 MAY -1 PM 8: 15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # 186998 (1)

1. Corporation Name
KENSINGTON PARK UTILITIES, INC.

Principal Place of Business Mailing Address

4370 S TAMiami TRAIL SARASOTA FL 34231 **4370 S TAMiami TRAIL SARASOTA FL 34231**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified **08/04/1955** 3a. Date of Last Report **03/25/1994**

4. FEI Number **59-0833110** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

PAVER, PAUL L
4370 S. TAMiami TRAIL
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name

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

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAVER, PAUL L	1. 2 NAME	
STREET ADDRESS	4370 S. TRAIL	1. 3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	1. 4 CITY - ST - ZIP	
TITLE	VD	2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONTRAGER, ELI RAY	2. 2 NAME	
STREET ADDRESS	4370 S. TAMiami TR.	2. 3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	2. 4 CITY - ST - ZIP	
TITLE	V	3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHKIND, M.R.	3. 2 NAME	
STREET ADDRESS	4370 S. TRAIL	3. 3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	3. 4 CITY - ST - ZIP	
TITLE		4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. 2 NAME	
STREET ADDRESS		4. 3 STREET ADDRESS	
CITY - ST - ZIP		4. 4 CITY - ST - ZIP	
TITLE		5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. 2 NAME	
STREET ADDRESS		5. 3 STREET ADDRESS	
CITY - ST - ZIP		5. 4 CITY - ST - ZIP	
TITLE		6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. 2 NAME	
STREET ADDRESS		6. 3 STREET ADDRESS	
CITY - ST - ZIP		6. 4 CITY - ST - ZIP	

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 110.07(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: _____ DATE: **4/25/95** (813) 922-3576

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR