FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

KENDALL FAMILY CORPORATION

FILED Jan 23 1998 8:00am Secretary of State



2800 SO. DIXIE HIGHWAY GOULDS FL 33170 DO NOT WRITE IN THIS SPACE
2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Principal Place of Business 2c. Principal Place of Business 2d. Mailing Address 2d. Mailing Address 2d. Mailing Address 2d. Mailing Address 4. FEI Number 39-1356167 30
3. Date Incorporated or Qualified 02/14/1969 2. Principal Place of Business 2a. Mailing Address 25. Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 State 29 City & State 20 City & State 21 Country 22 Zip 23 Country 24 Page 1 Country 25 Page 29 Page
2. Principal Place of Business 3. Paplied For Not Applied For Not Applied For Suite, Apt. #, etc. 5. Certificate of Status Desired 5.
2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2c. City & State 2c. City & State 2d. Country 2d. Country 2d. Country 2d. Description of Status Desired Country 2d. State Country 2d. Country 2d. State Country 2d.
21
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country Zip Country Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Suite, Apt. #, etc. City & State City & State City & State City & State Suite, Apt. #, etc. City & State City & State City & State Suite, Apt. #, etc. Suite, Apt. #,
22 27 5. Certificate of Status Desired Fee Required
City & State Trust Fund Contribution Added to Fees Trust Fund Contribution Added to
23 Trust Fund Contribution Added to Fees Zip Country Zip Country 24 25 29 30 Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent LAFONTISEE, LOUIS L 3121 COMMODORE PLAZA #301 MIAMI FL 33133
Zip Country Zip Country 24 25 29 30 Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent LAFONTISEE, LOUIS L 3121 COMMODORE PLAZA #301 MIAMI FL 33133
24 25 29 30 Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent LAFONTISEE, LOUIS L 3121 COMMODORE PLAZA #301 MIAMI FL 33133
9, Name and Address of Current Registered Agent LAFONTISEE, LOUIS L 3121 COMMODORE PLAZA #301 MIAMI FL 33133
LAFONTISEE, LOUIS L 3121 COMMODORE PLAZA 82 Street Address (P.O. Box Number is Not Acceptable) 8301 MIAMI FL 33133 83
3121 COMMODORE PLAZA #301 MIAMI FL 33133 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable)
#301 MIAMI FL 33133
MIAMI FL 33133 83
WIPMWI FE 35155
94 City
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.
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.
SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE OFFICIENCY AND PURPOTORS.
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD DELETE 1,1 TOLE Change Addition
NAME KENDALL, JR., HAROLD E 1.2 NAME
STREET ADDRESS 23600 SO. DIXIE HIGHWAY 1.3 STREET ADDRESS
CITY-ST-ZIP GOULDS FL 33170 1.4 CITY-ST-ZIP Change Addition
NAME GILMORE, MARTHA K 2.2 NAME
STREET ADDRESS 207 MIDDLE BAY RD 2.3 STREET ADDRESS
CITY-ST-ZIP BRUNSWICK ME 04011 2.4 CITY-ST-ZIP
TITLE VD DELETE 3.1 TITLE Change Addition
HAME BRADFORD, SUSAN K 3.2 NAME
STREET ADDRESS RT 2 BOX 1149 3.3 STREET ADDRESS
STREET ADDRESS CITY-ST-ZIP HARRISON ME 14140 3.4. CITY-ST-ZIP O40 40 TITLE S AME STREET ADDRESS CITY-ST-ZIP DELETE 4.1 TITLE 4.2 NAME 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP DELETE 4.4 CITY-ST-ZIP HAVY S. A. J. LLA 04040 Addition Add
TITLE S DELETE 4.1 TITLE Standard Research
NAME GILMORE, GEORGE 4.2 NAME
STREET ADDRESS 207 MIDDLE BAY-RD. 4.3 STREET ADDRESS CT 2 176 K 14.3
CITY-ST-ZIP BRUNSWICK-ME 14111. 44 CITY-ST-ZIP H QVV S. LULE 04040
TITLE DELETE 5.1 TITLE Change Addition
NAME 5.2 NAME
STREET ADDRESS 5.3 STREET ADDRESS
CITY - ST - ZIP 5.4 CITY - ST - ZIP
TITLE DELETE 6.1 TITLE Change Addition
NAME 62 NAME
STREET ADDRESS 6.3 STREET ADDRESS
on a critical resources
CITY-ST-ZIP 6.4 CITY-ST-ZIP

nemental annot in treport is move and accordate and this report as gradiers and provided and a factor and accordate and this report is required by Chapter 63rh effort as the fact and that my name appears in