

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAY -1 AM 4:32

DOCUMENT # **F40184** (6)

1. Corporate Name
KENNETH D. RICHARDSON FERNERY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
6330 RICHFERN ROAD 6330 RICHFERN ROAD
P.O. BOX 121 P.O. BOX 121
DELAND FL 32721 DELAND FL 32721

DO NOT WRITE IN THIS SPACE

2. Previous Place of Business 2a. Mailing Address
21 26
State, Apt. # etc. State, Apt. # etc.
22 27
City & State City & State
23 28
24 25 29 30

3. Date first created or acquired 3a. Date of Last Report
06/10/1981 04/11/1994

4. FEI Number Applied For
59-2099105 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**

7. This corporation has liability for negligence under 1995 Fla. Florida Statutes. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICHARDSON, KENNETH D.
630 RICHFERN ROAD
DELAND FL 32720

81 Name
82 Street Address (P.O. Box Number, Not Applicable)
83
84 City 85 Zip Code
FL

11. Pursuant to the provisions of Sections 601, 602 and 607, 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, Florida Statutes.

SIGNATURE TITLE SIGNATURE TITLE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD
NAME	RICHARDSON, MARIA
STREET ADDRESS	630 RICHFERN ROAD
CITY, ST, ZIP	DELAND, FL 00000
TITLE	PD
NAME	RICHARDSON, KENNETH
STREET ADDRESS	630 RICHFERN ROAD
CITY, ST, ZIP	DELAND, FL 00000
TITLE	D
NAME	RICHARDSON, S. MARIA
STREET ADDRESS	630 RICHFERN ROAD
CITY, ST, ZIP	DELAND FL
TITLE	D
NAME	RICHARDSON, L. LINNIE
STREET ADDRESS	630 RICHFERN ROAD
BOX, ST, ZIP	DELAND FL
TITLE	D
NAME	RICHARDSON, B. VIVIAN
STREET ADDRESS	630 RICHFERN ROAD
CITY, ST, ZIP	DELAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 NAME	
16 STREET ADDRESS	
17 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607(2)(b), Florida Statutes. I further certify that the information is included on the annual report or supplemental annual report, true and accurate and that my signature shall have the same legal effect as if made in person. I am an officer or director of the corporation or the treasurer or transfer agent and am empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this document as an addition with an address.

SIGNATURE: *Maria Richardson*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

4-30-95 904-734-3748