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FILED
Feb 28 1997 8:00am
Secretary of State



PROFIT CORPORATION
 ANNUAL REPORT
 1997

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

DOCUMENT # F40184 (6)

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



Principal Place of Business 6330 RICHFERN ROAD P.O. BOX 121 DELAND FL 32721	Mailing Address 6330 RICHFERN ROAD P.O. BOX 121 DELAND FL 32721-0121
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3. Date Incorporated or Qualified 06/10/1981	3a. Date of Last Report 04/22/1996
4. FEI Number 59-2099105	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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	29 30

9. Name and Address of Current Registered Agent
**RICHARDSON, KENNETH D.
 630 RICHFERN ROAD
 DELAND FL 32720**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	RICHARDSON, MARIA	
STREET ADDRESS	630 RICHFERN ROAD	
CITY-ST-ZIP	DELAND, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RICHARDSON, KENNETH	
STREET ADDRESS	630 RICHFERN ROAD	
CITY-ST-ZIP	DELAND, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICHARDSON, S. MARIA	
STREET ADDRESS	630 RICHFERN ROAD	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICHARDSON, L. LINNIE	
STREET ADDRESS	630 RICHFERN ROAD	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICHARDSON, B. VIVAM	
STREET ADDRESS	630 RICHFERN ROAD	
CITY-ST-ZIP	DELAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

SIGNATURE: *Maria Richardson* **904 734-3748**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Feb. 25-97**
 DATE Daytime Phone #

CR2E034 (9/96)