

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

FILED
Mar 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F40184 (6)
 1. Corporation Name
KENNETH D. RICHARDSON FERNERY, INC.



DO NOT WRITE IN THIS SPACE

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
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21 Principal Place of Business	26 Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
Country	Country
24	29
25	30

3. Date Incorporated or Qualified 06/10/1981	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
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 checked="" type="checkbox"/> DELETE
NAME	RICHARDSON, B. VIVIAN	
STREET ADDRESS	630 RICHFERN ROAD	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICHARDSON F. KEVIN	
STREET ADDRESS	630 RICHFERN RD.	
CITY-ST-ZIP	DELAND, FL.	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SHERWOOD, MARIA	
1.3 STREET ADDRESS	1581 16th Street	
1.4 CITY-ST-ZIP	ORANGE CITY, FL. 32763	
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	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MONTEITH L. LINNIE	
4.3 STREET ADDRESS	1209 W. ROANOKE AVE.	
4.4 CITY-ST-ZIP	DELAND, FL. 32720	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PEARSON, B. VIVIAN	
5.3 STREET ADDRESS	8103 S.W. 102nd Ave.	
5.4 CITY-ST-ZIP	GAINESVILLE, FL. 32608	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	RICHARDSON F. KEVIN	
6.3 STREET ADDRESS	630 RICHFERN RD.	
6.4 CITY-ST-ZIP	DELAND, FL.	

14. I 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 Sec.* Feb 18-1998 904-734-3748

CR2E034 (10/97)