

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 21, 1999 8:00 am**  
**Secretary of State**

07-21-1999 90002 014 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P93000088871

1. Corporation Name  
**KENDALL-GARRETT, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 3393 PEBBLE PLACE, TEQUESTA FL 33469, US  
 Mailing Address: 3393 PEBBLE PLACE, TEQUESTA FL 33469, US

3. Date Incorporated or Qualified: 12/30/1993

2. Principal Place of Business: 7533 SE Autumn Lane, Hobe Sound, FL 33455, Martin  
 2a. Mailing Address: 7533 SE Autumn Lane, Hobe Sound, FL 33455, Martin

4. FEI Number: 65-0457411

22. Hobe Sound, FL

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

23. 33455

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

24. Martin

8. This corporation owes the current year Intangible Personal Property:  Yes  No

9. Name and Address of Current Registered Agent: CHESNUT, GARY A, 3393 PEBBLE PLACE, TEQUESTA FL 33469

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: Gary A. Chesnut, 7/14/99

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	CHESNUT, GARY A	
STREET ADDRESS	3393 PEBBLE PLACE	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BEIERS, WILLIAM K JR.	
STREET ADDRESS	3393 PEBBLE PLACE	
CITY-ST-ZIP	TEQUESTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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: *Wm Beiers* REQUIRED 7/15/99 561 781-6242

CR2E034 (5/99)