

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
BETH H. WELLS
COMMISSIONER

APPROVED
AND
FILED

95 MAR -7 PH 2: 12

DOCUMENT # P94000093009 (6)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KENDALLCO. INC.

Principal Place of Business: 5660 BAYSHORE ROAD
N FT MYERS FL 33917

5660 BAYSHORE ROAD
N FT MYERS FL 33917

DATE WHEN THIS REPORT

3. Date of Report: 12/22/1994

3a. Date of Last Report

2. Filing Period: 21	2a. Filing Agency: 26	4. FID Number: 65-0547527	Applied For: Not Applicable
22. Date of Report	27. Date of Report	5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Date of Report	28. Date of Report	6. Filing Fee: <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Date of Report	25. Date of Report	29. Date of Report	30. Date of Report
7. This corporation has liability for intangible tax under § 199.032, Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KENDALL, GALEN C
5660 BAYSHORE ROAD
N FT MYERS FL 33917

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS (SEE INSTRUCTIONS)	
12.1 NAME: D 12.2 STREET ADDRESS: 5660 BAYSHORE ROAD 12.3 CITY, ST, ZIP: N.FT.MYERS.FL. 33917		13.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.4 NAME:		13.2 NAME:	
12.5 STREET ADDRESS:		13.3 STREET ADDRESS:	
12.6 CITY, ST, ZIP:		13.4 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME:		13.5 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.8 NAME:		13.6 NAME:	
12.9 STREET ADDRESS:		13.7 STREET ADDRESS:	
12.10 CITY, ST, ZIP:		13.8 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 NAME:		13.9 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.12 NAME:		13.10 NAME:	
12.13 STREET ADDRESS:		13.11 STREET ADDRESS:	
12.14 CITY, ST, ZIP:		13.12 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.15 NAME:		13.13 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.16 NAME:		13.14 NAME:	
12.17 STREET ADDRESS:		13.15 STREET ADDRESS:	
12.18 CITY, ST, ZIP:		13.16 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information furnished herein is voluntarily furnished and correct and qualify for the corporation's status under Section 199.032, Florida Statutes. I further certify that the information is true and correct to the best of my knowledge and belief, and that my signature shall have the same legal effect as if made under oath. I understand the consequences of this report and the responsibility imposed by Sections 607.032, Florida Statutes, and that my name appears on the report as required by Chapter 607, Florida Statutes.

SIGNATURE *[Signature]*
SIGNATURE AND TYPE IN PRINT OF INCORPORATED OFFICER OR DIRECTOR

x 2/27/95 x 213
731 0111