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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000044645 (4)

KENDZOR & CO., INC

FILED Feb 10 1998 8:00am Secretary of State

Principal Place	of Business	Mailing Address			AND IN MINIMENTAL BINGEL AND LAND
4475 US ONE SO STE 403 P O BOX 4077					
ST AUGUSTINE FL 32086 ST AUGUSTINE FL 32085			DO NOT WRITE IN TH	ID COACE	
				3. Date Incorporated or Qualified	IS SPACE
}				05/14/1997	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 1365 F	R SR 206 East	26		59-3450485	Not Applicable
Suite, Apt #, etc		Suite, Apt. #, etc.	7,	5. Certificate of Status Desired	\$8.75 Additional
22		27		b. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
	gustine, FL	28		Trust Fund Contribution	Added to Fees
Ziρ	Country	Z ip	Country	8. This corporation owes or has paid the	
24 32086		29 36 Registered Agent	01	Personal Property Tax due June 30. 10. Name and Address of New Registers	X Yes No
Cha				arles E. Hall, Jr.	
ST AUGUSTINE FL 32084				ress (P.O. Box Number is Not Acceptable) Old Missicn Avenue	
			63		
			84 City		. B5 Zip Code
<u>.</u>			St		L 32084
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. Lam familiar with, and accept the obligations of Section 607 <u>6505, Florida Statutes.</u>					
SIGNATURE .	Charles E. Hall, J	r			/20/98
12.	Signature, typed or printe Lincoln of regulation and OFFICERS AND		registered Agent signature requi	ADDITIONS/CHANGES TO OFFICERS A	MID DIDECTORS IN 12
TITLE	D	DELETE	·	resident/Treasurer	Change & Addition
NAME	KENDZOR, ROGER M	_	1.2 NAME	residency freasurer	_ · -
STREET ADDRESS	4475 US ONE SO STE 403 1	365 12 2006	1.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL 32086	FAST	1.4 CiTY-ST-ZIP		
TITLE	D	DELETE		ice President/Secretary	Change X Addition
NAME	KENDZOR, KAY J	o (0.00)	2.2 NAME		
STREET ADDRESS	4475-US-ONE-90-STE-403	1857 R 208	2 3 STREET ADDRESS		•
CITY-S1-ZIP	ST AUGUSTINE FL 32088		2 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			32 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME [4, 2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CITY-\$1-ZIP		DELETE	4.4 CITY - ST - ZIP		Change Addition
TITLE		□ Detest	5.1 TITLE		Change Addition
NAME OTDEET ADODUSE			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DEVETE	5.4 CHY-ST-ZIP 6.1 TITLE		Change Addition
NAME		OFFICE	6.2 NAME		
STREET ADORESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CITY-ST-ZIP	0 0 40 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	

4. I hereby certify that the information supplied with this filling 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:

Procen KEMOZURARES. 2/5/98

1-904-1794-9955