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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 2:47

DOCUMENT # 173366 (6)

1. Corporation Name
PARMAN-KENDALL CORP.

Principal Place of Business	Mailing Address
P.O. BOX 157 P.O. BOX 157 GOULDS FL 33170 US	P.O. BOX 157 P.O. BOX 157 GOULDS FL 33170 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/29/1953
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-0697213 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23)
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25)
Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FRIEDMAN, HAROLD
25 S.E. 2ND AVENUE
SUITE 909
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: Louis L. LaFontisee, Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 3121 Commodore Plaza
83: Coconut Grove
84 City: Miami FL 85 Zip Code: 33133

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: Harold E. Kendall Jr. D 1-19-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	KENDALL, HAROLD E. JR.	1.2 NAME	
STREET ADDRESS	23600 S. DIXIE HIGHWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	GOULDS FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	KENDALL, HAROLD E.	2.2 NAME	
STREET ADDRESS	23600 S. DIXIE HIGHWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	GOULDS FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	KENDALL, PETER H. J.	3.2 NAME	
STREET ADDRESS	22305 S.W. 157TH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	GOULDS FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	DEBEVOISE, MARTHA	4.2 NAME	
STREET ADDRESS	39 BAY ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH PORTLAND MA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BRADFORD, SUSAN	5.2 NAME	
STREET ADDRESS	R.F.D. #2	5.3 STREET ADDRESS	
CITY-ST-ZIP	HARRISON MA	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Harold E. Kendall, Dr. 1-19-95 305 258-3618
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Daytime Phone #

0430403 FP