

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **300821** (6)

1. Corporation Name
KENNARD DEVELOPMENT COMPANY, INC.



Principal Place of Business: **3225 SOUTHSIDE BLVD. 2 JACKSONVILLE FL 32216 US**
Mailing Address: **P.O. BOX 17156 JACKSONVILLE FL 32245-7156 US**

3. Date Incorporated or Qualified: **01/13/1966** 3a. Date of Last Report: **04/25/1995**
4. FET Number: **59-1166009** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 State, Apt., Etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 State, Apt., Etc.: 27 City & State: 28 Zip: 29 Country: 30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KENNARD, THOMAS O.
3225 SOUTHSIDE BLVD #2
JACKSONVILLE FL 32245**

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

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent 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: _____ TITLE: _____ (SOLE REGISTERED AGENT) _____ (AGENT)

12. OFFICERS AND DIRECTORS

12.1 NAME	PTD KENNARD, THOMAS O.	<input type="checkbox"/> DELETE
12.2 STREET ADDRESS	3225 SOUTHSIDE BLVD #2 JACKSONVILLE FL	
12.3 CITY, ST, ZIP	SD	<input type="checkbox"/> DELETE
12.4 NAME	KENNARD, RUTH S.	
12.5 STREET ADDRESS	8260 ROCKHILL LN. JACKSONVILLE FL	
12.6 CITY, ST, ZIP	VD	<input type="checkbox"/> DELETE
12.7 NAME	KENNARD, ELIZABETH S.	
12.8 STREET ADDRESS	2801 W 121 ST LEAWOOD KS	
12.9 CITY, ST, ZIP		<input type="checkbox"/> DELETE
12.10 NAME		
12.11 STREET ADDRESS		
12.12 CITY, ST, ZIP		<input type="checkbox"/> DELETE
12.13 NAME		
12.14 STREET ADDRESS		
12.15 CITY, ST, ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 NAME	
13.6 STREET ADDRESS	
13.7 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8 NAME	
13.9 STREET ADDRESS	
13.10 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.11 NAME	
13.12 STREET ADDRESS	
13.13 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(jk), 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: *Thomas O. Kennard* 2-2-96 904/642-9003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing #

CR2E034 (12/95)