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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 611653

(7)

FILED May 08 1998 8:00am Secretary of State

KERWOOD CORPORATION			ĺ			
					A INDIER OKAN ANDE DIENE BLUE OKAN DUR GIRAL DE	lik dibin dibin dibil bibil 1881
						
Principal Place of Business Mailing Address					1 100 110 0 110 110 0 110	tal debet midtt didte alfat sons
4890 WOODSTOCK RD 4690 WOODSTOCK RD					į	
ST JAMES CITY FL 33956 ST JAMES CITY FL 33956					DO NOT WRITE IN THE	S SPACE
					3. Date Incorporated or Qualified	
					03/02/1979	
2. Principal Place of Business	2a. Mailing Address				4. FEI Number	Applied For
21 26					59-1890876	Not Applicable
Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional
22 27 City & State City & State						Fee Required
, · · · · · · · · · · · · · · · · · · ·					6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip Countr				8. This corporation owes or has paid the d	
24 25	29	30	,		Personal Property Tax due June 30.	Yes No
g, Name and Address of Current					10. Name and Address of New Registers	
KIRBY, JOHN			81	Name		
4690 WOODSTOCK RD.		82	Street Addre	ress (P.O. Box Number is Not Acceptable)		
ST. JAMES CITY FL 33956			Struct Addition (1.0. Dox Mainbuille (10. Acceptable)			
			83		-	
			84	City		85 Zip Code
			Ш	•	F	
 Pursuant to the provisions of Soctions 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligate 	and 607.1508, Florida Statuti I Florida: Such change was a	es, the al authorize	bove-	 named corporation 	pration submits this statement for the purpose on's board of directors. I hereby accept the a	of changing its registered population
agent. I am familiar with, and accept the obligat	ons of, Section 607.0505, Flo	orida Stal	tutes		,	
SIGNATURE Signature, typed or printed name of registered agent	and the Magniculus (NAT)	C Booletore	d \$000	nt signature requires	d when reinstating) DATE	
12. OFFICERS AND		13.	io Agers	x agriature requires	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE PD	DELETE	1.1 Ti	ITLE			☐ Change ☐ Addition
NAME KIRBY, JOHN		1.2 NAME				
STREET ADDRESS 4690 WOODSTOCK RD		1.3 STREET		ADDRESS		[8]
CITY-ST-ZIP ST. JAMES CITY FL		1 4 CITY-ST-ZIP		- ZIP		
TITLE STD	☐ DELETE	2171	21 TITLE			Change
HAME KIRBY, SARAH		2.2 NAME		}		
				ADDRESS		
CITY-ST-ZEP ST. JAMES CITY FL			CITY-ST	T-ZIP		Change Addition
NAME			3.1 TITLE 3.2 NAME			C CHANGE C AUGUSON
STREET ADDRESS		•		ADDRESS		
CITY-\$1-ZP			OTY-ST			
TITLE	DELETE	4.1 11				Change Addition
NAME		428	NAME			i
STREET ADDRESS					•	
CITY-ST-ZIP			TREET A	ADDRESS	•	
		4.3 \$1	TREET A	ł.	·	
TITLE	☐ DELETE	4.3 \$1	ITY-ST	ł.		☐ Change ☐ Addition
TITLE NAME	DELETE	4.3 ST 4.4 CI	ITY-ST- ITLE	ł.	•	Change Addition
NAME STREET ADDRESS	☐ DELETE	4.3 ST 4.4 CI 5.1 Ti 5.2 N/	ity-st- itle iame	ł.	•	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP		4.3 ST 4.4 CI 5.1 TI 5.2 NJ 5.3 ST 5.4 CI	ITY-ST- ITLE IAME TREET A	- ZIP ADDRESS	•	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	☐ DELETE	4.3 ST 4.4 CF 5.1 Ti 5.2 No 5.3 ST 5.4 CF 6.1 Ti	ITY-ST- ITLE IAME TREET A ITY-ST- ITLE	- ZIP ADDRESS		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		4.3 ST 4.4 CI 5.1 TI 5.2 N/ 5.3 ST 5.4 CI 6.1 TI 6.2 N/	HTY-ST- HTLE AME TREET A HTY-ST- HTLE AME	- ZIP ADDRESS - ZIP		
NAME STREET ADDRESS CITY-ST-ZIP TITLE		4.3 ST 4.4 CT 5.1 TE 5.2 NV 5.3 ST 5.4 CT 6.1 TE 6.2 NV 6.3 ST	HTY-ST- HTLE AME TREET A HTY-ST- HTLE AME	ADDRESS - ZIP	•	

GNATURE:

Or Sentrule and intermitor insupplied with rins tiling does not quality for the exemption stated in Section 119.0/(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receivor 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.

GNATURE:

ORGANUAE AND TIPE OR PRIVITED NAME OF BOARDED OF BRIDGED OR DIRECTOR.

Date of the corporation of the receivor 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.

GNATURE:

ORGANUAE AND TIPE OR PRIVITED NAME OF BOARDED OR BRIDGED OR DIRECTOR.

Date of the corporation of the receiver or trustee or privile privilege or privilege

941)283-2573