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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

KIDRON INC.

Principal Place of Business

2. Principal Place of Business

KIDRON, INC. 3330 FLIGHTLINE DRIVE

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24

Zip

LAKELAND FL 33811

Suite, Apt. #, etc.

City & State

826368

Country

9. Name and Address of Current Registered Agent

25

MARBLE, ALLEN JAY 3330 FLIGHTLINE DRIVE

LAKELAND FL 33811

(3)

Mailing Address KIDRON, INC.

P O BOX 880

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

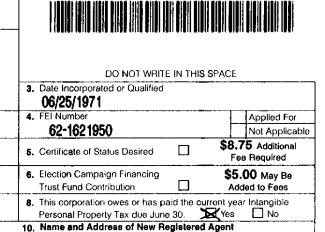
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WASHINGTON NC 27889

FILED Jul 02 1998 8:00am Secretary of State



84 City Zip Code 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 607.0505, Florida Statutes.

Country

81

83

Name

Street Address (P.O. Box Number is Not Acceptable)

30

SIGNATURE Signature, typed or proted name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. C/P DELETE Change Addition 1.1 TITLE TITLE TROGER, JAY 1.2 NAME NAME Ronald J. Legere **400 HACKNEY AVENUE** STREET ADDRESS 1.3 STREET ADDRESS 400 Hackney Avenue **WASHINGTON NC 27889** Hashington, uc 27880 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change TITLE 2.1 TITLE Addition 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAMÉ 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP ☐ DELETE Change Addition TITLE 4.1 THILE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. Thereby certify that the information supplied with this filing 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 suppliemental 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.