

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
FILED

DOCUMENT # **F20195** (6)
M.F. KERSHNER, INC.

Principal Place of Business: **701 LAKE DRIVE, EAST
P.O. BOX 150034
ALTAMONTE SPRINGS FL 32715-7034**
Mailing Address: **701 LAKE DRIVE, EAST
P.O. BOX 150034
ALTAMONTE SPRINGS FL 32715-7034**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **02/18/1981** 3a. Date of Last Report: **07/28/1994**
4. FBI Number: **59-2062101** 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
7. This Corporation has liability for information under § 199.002, Florida Statutes: ☐ Yes ☒ No

2. Principal Place of Business: **701 LAKE DRIVE, EAST
P.O. BOX 150034
ALTAMONTE SPRINGS FL 32715-7034**
2b. Mailing Address: **701 LAKE DRIVE, EAST
P.O. BOX 150034
ALTAMONTE SPRINGS FL 32715-7034**
22. City & State: **ALTAMONTE SPRINGS FL**
24. City & State: **ALTAMONTE SPRINGS FL**

9. Name and Address of Current Registered Agent:
**KERSHNER, MILLARD F
701 E LAKE DRIVE
ALTAMONTE SPRINGS FL 32701**

10. Name and Address of New Registered Agent:
B1. Name:
B2. Street Address (P.O. Box Number is Not Acceptable):
B3. City:
B4. State: **FL** B5. 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. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS
NAME: **PD KERSHNER, MILLARD F**
STREET ADDRESS: **701 E LAKE DR**
CITY, STATE, ZIP: **ALTAMONTE SPRINGS FL**
NAME: **SD KERSHNER, MILLARD F, III**
STREET ADDRESS: **305 NELSON AVE**
CITY, STATE, ZIP: **LONGWOOD FL**
NAME: **VD KERSHNER, ROY BRUCE**
STREET ADDRESS: **158 HERON BAY CIRCLE**
CITY, STATE, ZIP: **LAKE MARY FL**
NAME: **VD KERSHNER, ROBERT L**
STREET ADDRESS: **6638 CONWAY LAKES DR.**
CITY, STATE, ZIP: **ORLANDO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME: ☐ Change ☐ Addition
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.026(9)(a), Florida Statutes. I further certify that the information included on the 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 liquidator empowered to conduct this report as required by Chapter 192, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or on an attached sheet with an address.

SIGNATURE: **MILLARD F. KERSHNER** *Millard F. Kershner* 4-28-95 401 647 5557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR