SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **F20195** **(6)**

1. Corporation Name

M.F. KERSHNER, INC.

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

3. Date Incorporated or Qualified: 02/18/1981
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21: 305 NELSON AV
22: Suite, Apt. #, etc
23: City & State: LONGWOOD, FL.
24: Zip: 32750
25: Country: SEMINOLE

2a. Mailing Address
26: 305 NELSON AV
27: Suite, Apt. #, etc
28: City & State: LONGWOOD, FL.
29: Zip: 32750
30: Country: SEMINOLE

4. FEI 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

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

81 Name: MILLARD F. KERSHNER III
82 Street Address (P.O. Box Number is Not Acceptable): 305 NELSON AV.
83:
84 City: LONGWOOD FL 85 Zip Code: 32750

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	VD	☑ Change ☐ Addition
NAME	KERSHNER, MILLARD F		1.2 NAME	MILLARD F. KERSHNER	
STREET ADDRESS	701 E LAKE DR		1.3 STREET ADDRESS	701 E LAKE DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL	
TITLE	SD	☐ DELETE	2.1 TITLE	PD	☑ Change ☐ Addition
NAME	KERSHNER, MILLARD F.,III		2.2 NAME	MILLARD F. KERSHNER III	
STREET ADDRESS	305 NELSON AVE		2.3 STREET ADDRESS	305 NELSON AV	
CITY-ST-ZIP	LONGWOOD FL		2.4 CITY-ST-ZIP	LONGWOOD, FL	
TITLE	VD	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	KERSHNER, ROY BRUCE		3.2 NAME		
STREET ADDRESS	158 HERON BAY CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE	SD	☑ Change ☐ Addition
NAME	KERSHNER, ROBERT L		4.2 NAME	ROBERT L. KERSHNER	
STREET ADDRESS	6638 CONWAY LAKES DR.		4.3 STREET ADDRESS	6638 CONWAY LAKES DR.	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	ORLANDO FL	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Millard F. Kershner III 6-24-96 407 647-5557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #