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Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

305 NELSON AVENUE
P.O. BOX 150004
LONGWOOD FL 32750
US

Mailing Address

305 NELSON AVENUE
P.O. BOX 150004
LONGWOOD FL 32750-8733
US

3. Date Incorporated or Qualified
02/18/1981

3a. Date of Last Report
06/27/1996

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

2. Principal Place of Business

21 305 NELSON AVENUE

Suite, Apt. #, etc.

22 City & State

23 LONGWOOD FL

Zip

24 32750

Country

25 US

2a. Mailing Address

26 305 NELSON AVENUE

Suite, Apt. #, etc.

27 City & State

28 LONGWOOD, FL

Zip

29 32750

Country

30 US

9. Name and Address of Current Registered Agent

KERSHNER, MILLARD F III
305 NELSON AVENUE
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME VD
KERSHNER, MILLARD F
STREET ADDRESS 701 E LAKE DR
CITY - ST - ZIP ALTAMONTE SPRINGS FL

TITLE ☐ DELETE

NAME PD
KERSHNER, MILLARD F
STREET ADDRESS 305 NELSON AVENUE
CITY - ST - ZIP LONGWOOD FL

TITLE ☐ DELETE

NAME VD
KERSHNER, ROY BRUCE
STREET ADDRESS 158 HERON BAY CIRCLE
CITY - ST - ZIP LAKE MARY FL

TITLE ☐ DELETE

NAME SD
KERSHNER, ROBERT L
STREET ADDRESS 6638 CONWAY LAKES DR
CITY - ST - ZIP ORLANDO FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I do hereby 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-97 407 831-1722

Date

Daytime Phone #

CR2E034 (9/96)