

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

FILED
Mar 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F40184 (6) 1. Corporation Name KENNETH D. RICHARDSON FERNERY, INC.

Principal Place of Business 6330 RICHFERN ROAD P.O. BOX 121 DELAND FL 32721	Mailing Address 6330 RICHFERN ROAD P.O. BOX 121 DELAND FL 32721
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 06/10/1981	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2099105	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent RICHARDSON, KENNETH D. 630 RICHFERN ROAD DELAND FL 32720		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD	<input type="checkbox"/> DELETE	1.1 TITLE VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RICHARDSON, MARIA		1.2 NAME SHERWOOD, MARIA	
STREET ADDRESS 630 RICHFERN ROAD		1.3 STREET ADDRESS 1581 16th Street	
CITY-ST-ZIP DELAND, FL 00000		1.4 CITY-ST-ZIP ORANGE CITY, FL. 32763	
TITLE PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RICHARDSON, KENNETH		2.2 NAME	
STREET ADDRESS 630 RICHFERN ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP DELAND, FL 00000		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RICHARDSON, S. MARIA		3.2 NAME	
STREET ADDRESS 630 RICHFERN ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP DELAND FL		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RICHARDSON, L. LINNIE		4.2 NAME MONTEITH L. LINNIE	
STREET ADDRESS 630 RICHFERN ROAD		4.3 STREET ADDRESS 1209 W. ROANOKE AVE.	
CITY-ST-ZIP DELAND FL		4.4 CITY-ST-ZIP DELAND, FL. 32720	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RICHARDSON, B. VIVIAN		5.2 NAME PEARSON, B. VIVIAN	
STREET ADDRESS 630 RICHFERN ROAD		5.3 STREET ADDRESS 8103 S.W. 102nd Ave.	
CITY-ST-ZIP DELAND FL		5.4 CITY-ST-ZIP GAINESVILLE, FL. 32608	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RICHARDSON F. KEVIN		6.2 NAME RICHARDSON F. KEVIN	
STREET ADDRESS 630 RICHFERN RD.		6.3 STREET ADDRESS 630 RICHFERN RD.	
CITY-ST-ZIP DELAND, FL.		6.4 CITY-ST-ZIP DELAND, FL.	

14. I 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: *Maria Richardson* Sec. Feb 18-1998 904-734-3748

CR2E034 (10/97)