FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 PM 4:19

DOCUMENT # H23924 (4)

1. Corporation Name
KALYNDO, INC.

Principal Place of Business	Mailing Address
4514 CHANDLER RD. APOPKA FL 32712	4514 CHANDLER RD. APOPKA FL 32712

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/04/1984**
3a. Date of Last Report: **04/27/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-2456634** ☐ 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

SIMPSON, KAROLYN C.
4514 CHANDLER RD.
APOKA FL 32703

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 _____ (DATE)
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	11 TITLE	☐ Change ☐ Addition
NAME	SIMPSON, KAROLYN C.	12 NAME	
STREET ADDRESS	4514 CHANDLER ROAD	13 STREET ADDRESS	
CITY ST ZIP	APOPKA FL	14 CITY ST ZIP	
TITLE	DVT	21 TITLE	☐ Change ☐ Addition
NAME	SIMPSON, DONALD G. JR.	22 NAME	
STREET ADDRESS	4514 CHANDLER ROAD	23 STREET ADDRESS	
CITY ST ZIP	APOPKA FL	24 CITY ST ZIP	
TITLE	AT	31 TITLE	☐ Change ☐ Addition
NAME	SIMPSON, DONALD G. III	32 NAME	
STREET ADDRESS	4514 CHANDLER ROAD	33 STREET ADDRESS	
CITY ST ZIP	APOPKA FL	34 CITY ST ZIP	
TITLE	AS	41 TITLE	☐ Change ☐ Addition
NAME	SEARS, KATHY SIMPSON	42 NAME	
STREET ADDRESS	4514 CHANDLER ROAD	43 STREET ADDRESS	
CITY ST ZIP	APOPKA FL	44 CITY ST ZIP	
TITLE	VICE PRESIDENT	51 TITLE	☐ Change ☐ Addition
NAME	ANDREW J SEARS	52 NAME	
STREET ADDRESS	4514 CHANDLER RD	53 STREET ADDRESS	
CITY ST ZIP	APOPKA FL 32712	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I/We 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)(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 fiduciary 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: Karolyn C Simpson — 2-21-95 — 407-886-3695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number
KAROLYN C. SIMPSON

0000237 CP