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 14 PM 12:54

DOCUMENT # K28353 (6)

1. Corporation Name
KENNETH L. EDWARDS, INC.

Principal Place of Business	Mailing Address
%JEFF L. MAY BOX 2108 GIBSONVILLE NC 27249	%JEFF L. MAY BOX 2108 GIBSONVILLE NC 27249

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/14/1988
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business	2a. Mailing Address
21 2005 NOTTINGHAM LANE	26 2005 NOTTINGHAM LANE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: BURLINGTON NC	28 City & State: BURLINGTON NC
24 Zip: 27215 25 Country: USA	29 Zip: 27215 30 Country: USA

4. FEI Number: 65-0068202 ☐ 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	10. Name and Address of New Registered Agent
SOWERBY, DAVID N. 1803 SOUTH 25TH STREET SUITE 5 FT. PIERCE FL 34947	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 _____ (NOTE: Registered Agent signature required when mandated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☒ Change ☐ Addition
NAME	EDWARDS, KENNETH L.	12 NAME	EDWARDS, KENNETH L.
STREET ADDRESS	801 S. OCEAN DR #609	13 STREET ADDRESS	RT. 1, BOX 546
CITY-ST-ZIP	FT. PIERCE FL	14 CITY-ST-ZIP	INDEPENDENCE, VA 24348
TITLE	TS	21 TITLE	☒ Change ☐ Addition
NAME	MAY, JEFF L.	22 NAME	MAY, JEFF L.
STREET ADDRESS	BOX 2108 NA	23 STREET ADDRESS	2005 NOTTINGHAM LANE
CITY-ST-ZIP	GIBSONVILLE NC	24 CITY-ST-ZIP	BURLINGTON, NC 27215
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		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 do hereby certify that the information supplied with this report is absolutely true 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 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 added to the report with an address.

SIGNATURE: J. L. May Jeff L. May 2/8/95 (910) 229-6671
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0400240 FN