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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

L78383

(1)

1. Corporation Name FYDOR, INC.

Principal Place of Business

350 GALLOWAY RD. LAKELAND FL 33801 Mailing Address

P.O. BOX 3160 LAKELAND FL 33802



				PRECHIND LC 23005							
								3. Date Incorporated or Qualified 06/04/1990	3s. Date of Last 04/04/	1995	
2. Poncipal Pla 21	Principal Place of Business			failing Address		•••••		4. FEI Number 59-3015517		Applied For Not Applicable	
Suite, Apt #	Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	4	5 Additional Required	
City & State			28	ity & State				Election Campaign Financing Trust Fund Contribution	1 1	00 May Be	
23 Zip	· · [Country		ip	Cou	intry		8. This corporation has liability for	AOO	ed to Fees 199 032	
24	2	:5	29		30	,			□No	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	9. Name s	and Address of Cu	rrent Registe	red Agent				10. Name and Address of New R	legistered Agent		
KENNEDY, FREDERICK JAMES						81	Name				
						82	Street Addr	ess (P.O. Box Number is Not Acceptab	ole)		
3115 PROVIDENCE RD LAKELAND FL 33805											
LANCLA	AND I'L SOC	100				83					
						84	City		F1 85 Z	ip Code	
11. Pursuant to	the provision	ns of Sections 607.0	502 and 607.	1508, Florida Statutes	s, the abo	Ll	amed corpor	ration submits this statement for the pur	pose of changing its	registered offic	
or registere	ed agent, or b	oth, in the State of F the obligations of, S	lorida. Such c	hange was authorize	d by the	corp	oration's boar	rd of directors. I hereby accept the appo	ointment as registere	d agent. I am	
SIGNATURE	i, a in accept	. trie divilgations (if, c	OUT TO TOO TO	oo, i lolida atatutes.							
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12.	PD	OFFICERS	AND DIRECTO		13.			ADDITIONS/CHANGES TO OFFI			
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certify that the information indicated or 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 disploy 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 3 if changed, or on an attachment with an address.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF GRING OFFICER OR DIRECT

F. J. KENNEDY 3/11/96 941-688-8141

CR2E034