

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1994



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 FEB 23 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name: **KMD DEVELOPMENT, INC.**

DOCUMENT # **M11527 (2)**

Mailing Address: **% TAIT 220 CONGRESS PARK DR., SUITE 100 DELRAY BEACH FL 33445-4562**

Principal Place of Business: **% TAIT 220 CONGRESS PARK DR., SUITE 100 DELRAY BEACH FL 33445-4562**

REINSTATEMENT 76-98

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address: **21 Allan Tait Suite, Apt. #, etc. 1103 TRACE RD Tampa FLA 33602557 USA**

2a. Principal Place of Business: **26 Tampa Suite, Apt. #, etc. 1103 TRACE RD Tampa FLA 33602557 USA**

3. Date Incorporated or Qualified: **02/20/1985**

3a. Date of Last Report: **08/28/1993**

4. FEI Number: **59-2519391**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

7. Nonprofit Exempt from \$138.75 Supplemental Fee:

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **TAIT, ALLAN R. 1103 NORMANDY RD TAMPA 33602 FLA**

10. Name and Address of New Registered Agent: **[Redacted]**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: **[Signature]** DATE: **FEB 11 1998**

12. OFFICERS AND DIRECTORS

1.1 TITLE: **P/D/S**

1.2 NAME: **DUNNING, K.M., JR.**

1.3 STREET ADDRESS: **BARKERS CREEK**

1.4 CITY-ST-ZIP: **SYLVIA NC**

2.1 TITLE: **[Blank]**

2.2 NAME: **[Blank]**

2.3 STREET ADDRESS: **[Blank]**

2.4 CITY-ST-ZIP: **[Blank]**

3.1 TITLE: **[Blank]**

3.2 NAME: **[Blank]**

3.3 STREET ADDRESS: **[Blank]**

3.4 CITY-ST-ZIP: **[Blank]**

4.1 TITLE: **[Blank]**

4.2 NAME: **[Blank]**

4.3 STREET ADDRESS: **[Blank]**

4.4 CITY-ST-ZIP: **[Blank]**

5.1 TITLE: **[Blank]**

5.2 NAME: **[Blank]**

5.3 STREET ADDRESS: **[Blank]**

5.4 CITY-ST-ZIP: **[Blank]**

6.1 TITLE: **[Blank]**

6.2 NAME: **[Blank]**

6.3 STREET ADDRESS: **[Blank]**

6.4 CITY-ST-ZIP: **[Blank]**

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: **[Blank]**

1.2 NAME: **[Blank]**

1.3 STREET ADDRESS: **[Blank]**

1.4 CITY-ST-ZIP: **[Blank]**

2.1 TITLE: **[Blank]**

2.2 NAME: **[Blank]**

2.3 STREET ADDRESS: **[Blank]**

2.4 CITY-ST-ZIP: **[Blank]**

3.1 TITLE: **[Blank]**

3.2 NAME: **[Blank]**

3.3 STREET ADDRESS: **[Blank]**

3.4 CITY-ST-ZIP: **[Blank]**

4.1 TITLE: **[Blank]**

4.2 NAME: **[Blank]**

4.3 STREET ADDRESS: **[Blank]**

4.4 CITY-ST-ZIP: **[Blank]**

5.1 TITLE: **[Blank]**

5.2 NAME: **[Blank]**

5.3 STREET ADDRESS: **[Blank]**

5.4 CITY-ST-ZIP: **[Blank]**

6.1 TITLE: **[Blank]**

6.2 NAME: **[Blank]**

6.3 STREET ADDRESS: **[Blank]**

6.4 CITY-ST-ZIP: **[Blank]**

14. I do 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **[Signature]** **KENNETH M DUNNING** 784 5864128