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FILED
May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P32584

(5)

1. Corporation Name

KENNETH W. ROSEMOND, INC.

Principal Place of Business

3401 UNIVERSITY DRIVE
DURHAM NC 27707

Mailing Address

3401 UNIVERSITY DRIVE
DURHAM NC 27707-2656



3. Date Incorporated or Qualified

01/18/1991

3a. Date of Last Report

05/01/1996

4. FEI Number

56-1176716

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

ROSEMOND, JAMES KENNETH
1146H MAGNOLIA BLUFF DR.
PALM CITY FL 33499

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, typica or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME ROSEMOND, JAMES KENNETH
STREET ADDRESS 1146 MAGNOLIA BLUFF DR
CITY- ST- ZIP PALM CITY FL
☐ DELETE

TITLE VP
NAME ROSEMOND, BARBARA
STREET ADDRESS 2384 SW FOXPOINT WAY
CITY- ST- ZIP PALM CITY FL
☐ DELETE

TITLE S
NAME ROSEMOND, KEVIN THOMAS
STREET ADDRESS 922 GREEN ST.
CITY- ST- ZIP DURHAM NC
☐ DELETE

TITLE T
NAME YOUNG, JOYCE R.
STREET ADDRESS 608 BROOKWOOD DR.
CITY- ST- ZIP DURHAM NC
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 3060 B COLONY RD
2.4 CITY- ST- ZIP DURHAM, NC 27705
☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 11 PORCHLIGHT COURT
3.4 CITY- ST- ZIP DURHAM, NC 27707
☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP
☐ Change ☐ Addition

14. I do 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:

SIGNATURE REQUIRED

Joyce R. Young Sec. 4/28/97 919-493-2444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #