FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name (5) KENNETH W. ROSEMOND, INC. Principal Place of Business Mailing Address 3401 UNIVERSITY DRIVE 3401 UNIVERSITY DRIVE **DURHAM NC 27707** DURHAM NC 27707 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/18/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 56-1176716 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zio Country Zin 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROSEMOND. JAMES KENNETH 1146H MAGNOLIA BLUFF DR. Street Address (P.O. Box Number is Not Acceptable) PALM CITY FL 33499 83 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, typed or printed name of registered report and title Capplicable (NOTE: Registered Agent aignature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change Addition TITLE 1.1 TO LE ROSEMOND, JAMES KENNETH NAME 1.2 NAME 1146 MAGNOLIA BLUFF DR STREET ADDRESS 1.3 STREET ADDRESS PALM CITY FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE ROSEMOND, BARBARA NAME 2.2 NAM8 3060 B COLONY ROAD STREET ADDRESS 2.3 STREET ADDRESS **DURHAM NC** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE 3.1 TITLE ☐ Change Addition TITLE ROSEMOND, KEVIN THOMAS NAME 3.2 NAME 11 PORCHLIGHT COURT STREET ADDRESS 3.3 STREET ADDRESS **DURHAM NC** 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 41 TO LE YOUNG, JOYCE R. NAME 4. 2 NAME 608 BROOKWOOD DR. STREET ADDRESS 4.3 STREET ADDRESS **DURHAM NC** CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change DELETE Addition TITLE 6.1 THEE

14. I 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.

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

11/12/12

010 1102

FILED

May 04 1998 8:00am

Secretary of State