FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT
1995

APPROVED
AND
FILED

95 MAR -1 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000039347 (8)

1. Name of Corporation
ROY KUYKENDALL, INC.

Principal Place of Business	Mailing Address
6801 16TH AVENUE NORTH ST. PETERSBURG FL 33710	6801 16TH AVENUE NORTH ST. PETERSBURG FL 33710

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/27/1993	3a. Date of Last Report: 05/01/1994
4. FEI Number: ~~59-2994863~~ 59-3241552	☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
State / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KUYKENDALL, ROY 6801 16TH AVENUE NORTH ST. PETERSBURG FL 33710	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 reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Title	PD	11 TITLE	☐ Change ☐ Addition
Name	KUYKENDALL, ROY	12 NAME	
Street Address	6801 16TH AVE N	13 STREET ADDRESS	
City-St-Zip	ST PETERSBURG FL	14 CITY-ST-ZIP	
Title	STD	21 TITLE	☐ Change ☐ Addition
Name	KUYKENDALL, RUTH	22 NAME	
Street Address	6801 16TH AVE N	23 STREET ADDRESS	
City-St-Zip	ST PETERSBURG FL	24 CITY-ST-ZIP	
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 hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 11 or 12 above, or on an attachment with an address.

SIGNATURE: Roy Kuykendall 2-23-95 813-345-7018
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0300376 CP