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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

Apr 30 1997 8:00am

Secretary of State

DOCUMENT # P93000050291 (2)

KENDON INTERNATIONAL, INC.

Principal Place of Business Mailing Address 22415 SW 15TH AVENUE 22415 SW 15TH AVENUE NEWBERRY FL 32669 NEWBERRY FL 32669-3205 3. Date Incorporated or Qualified 3a. Date of Last Report 07/13/1993 04/25/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3193248 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has fiability for intangible tax under s. 199.032, Mo 💢 24 Yes 25 29 30 Elorida Statutos 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PRICE, DONALD R 22415 SW 15TH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **NEWBERRY FL 32669** 83 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutos, 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 obligation of, Section 607.0505, Florida Statutes. 3/13/97 SIGNATURE e of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE PRESIDENT Change TITLE 1.1 TILLE Addition PRICE, DONALD R NAME 1.2 NAME 22415 SW 15TH AVE STREET ADDRESS 1.3 STREET ADDRESS NEWBERRY FL 32669 CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE VICE PRESIDENT Change Addition TITLE 21 TITLE NAME DILLARD, DAVID S 4412 NW 76th Ter. STREET ADDRESS 2.3 STREET ADDRESS GAINESVILLE, FL 32606 CITY-ST-ZIP 2.4 CITY - ST - 7(P SUCRETARY DELETE TITLE 3.1 TITLE Change Addition PRICE, JOYCE A. NAME 3.2 NAME ELYIS SW 15th Ave. STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - S1 - ZIP DELETE TITLE Change Addition TREASURER 4.1 11116 DILLARD, CHRISTINE E. NAME 4. 2 NAME 4412 NW 76th Ter. STREET ADDRESS 4.3 STREET ADDRESS Gainesville, FL 32606 CITY-ST-ZIP 4.4 City - St - 74P DELETE TITLE 5.1 1/11/6 Change * Addition NAME 5.2 NAM6 STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - \$1 - ZIP DELETE TITLE Change Addition 6.1 11111 NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 C(1Y - S1 - Z(P 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 eath; 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.

7/12/87