

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

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90052 030 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**,  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P93000050291**  
 1. Corporation Name

**Kendon International, Inc**

Principal Place of Business: **1841 SW 101 Drive, Gainesville, FL 32607**  
 Mailing Address: **1841 SW 101 Drive, Gainesville, FL 32607**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **1841 SW 101 Drive, Gainesville, FL 32607**  
 2a. Mailing Address: **1841 SW 101 Drive, Gainesville, FL 32607**  
 22. City & State: **Gainesville, FL**  
 23. City & State: **Gainesville, FL**  
 24. Zip: **32607** 25. County: **Alachua** 28. City & State: **Gainesville, FL** 29. Zip: **32607** 30. County: **Alachua**

3. Date Incorporated or Qualified: **7/13/93**  
 4. FEI Number: **59-3193248**  
 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 owes the current year intangible Personal Property Tax:  Yes  No

9. Name and Address of Current Registered Agent:  
**Donald R. Price**  
**1841 SW 101 Drive**  
**Gainesville, FL 32607**

10. Name and Address of New Registered Agent:  
 81 Name: **Donald R. Price**  
 82 Street Address (P.O. Box Number is Not Acceptable): **1841 SW 101 Drive**  
 83  
 84 City: **Gainesville** FL 85 Zip Code: **32607**

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	
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>Donald R. Price</b>
STREET ADDRESS	<b>1841 SW 101 Drive</b>
CITY-ST-ZIP	<b>Gainesville, FL 32607</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>David S. Dillard</b>
STREET ADDRESS	<b>4412 NW 76th Tr</b>
CITY-ST-ZIP	<b>Gainesville, FL 32604</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>Joyce A. Price</b>
STREET ADDRESS	<b>1841 SW 101 Drive</b>
CITY-ST-ZIP	<b>Gainesville, FL 32607</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>Christine E. Dillard</b>
STREET ADDRESS	<b>4412 NW 76th Tr.</b>
CITY-ST-ZIP	<b>Gainesville, FL 32604</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date: **4/20/99** Telephone #: **352-342-9328**

CR2E034 (1/98)