FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # P94000026165 (8)

1. Corporation Name
KEVERD INC.

Principal Place of Business	Mailing Address
~~8050 COLONIAL BLVD.~~ ~~FT MYERS FL 33907~~ See new	~~18092 CONSTITUTION CR.~~ ~~FT. MYERS FL 33912-3011~~ See new

3. Date Incorporated or Qualified: 03/30/1994	3a. Date of Last Report: 03/19/1996
4. FEI Number: 65-0482477	☐ 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 10996 METRO PARKWAY	26 SAME
22 Suite, Apt. #, etc.: N/A	27 Suite, Apt. #, etc.: N/A
23 City & State: FORT MYERS, FL	28 City & State: Ft. Myers, FL
24 Zip: 33912 25 Country: LEE	29 Zip: 33912 30 Country: Lee

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SKELTON, EVE M ~~18092 CONSTITUTION CR.~~ ~~FT MYERS FL 33912~~ See new	81 Name: SAME - EVE M. SKELTON 82 Street Address (P.O. Box Number is Not Acceptable): 18270 PARKRIDGE CT. 83 ~~FORT MYERS~~ 84 City: Ft. Myers FL 85 Zip Code: 33908

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: Eve M Skelton VP EVE M. SKELTON, V.P. DATE: 4/4/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPST	☐ DELETE	1.1 TITLE	SAME	☒ Change ☐ Addition
NAME	SKELTON, EVE M		1.2 NAME		
STREET ADDRESS	~~18092 CONSTITUTION CR.~~		1.3 STREET ADDRESS	18270 PARKRIDGE CT.	
CITY-ST-ZIP	~~FT MYERS FL 33912~~ See new		1.4 CITY-ST-ZIP	Ft. Myers, FL 33908	
TITLE	P	☐ DELETE	2.1 TITLE	SAME	☒ Change ☐ Addition
NAME	SKELTON, KEITH K JR		2.2 NAME		
STREET ADDRESS	~~18092 CONSTITUTION CR.~~		2.3 STREET ADDRESS	18270 PARKRIDGE CT.	
CITY-ST-ZIP	~~FT MYERS FL 33912~~ See new		2.4 CITY-ST-ZIP	Ft. Myers, FL 33908	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Eve M Skelton VP EVE M SKELTON VP 4/4/97 941-939-5398