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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000079796 (6)

KDI SERVICES, INC.

2. Principal Place of Business   2. Maring Address   5. Set 1. FLI Number   5. Set 275556   No. Appl. 64 pt. 22   Set 2   Se	Principal Place of Business Mailing Address 910 5TH AVE N 8T PETER FL 33705 ST PETER FL 33705-1418 US US					3. Date Incorporated or Qualified 10/18/1994 38. Date of Last Report 03/06/1996		
Suits, Apt. #, etc. 27 27 City & State 29 City & State 29 City & State 29 City & State 20 City & State 21 City & State 22 City & State 21 City & State 22 City & State 21 City & State 22 City & State 23 City & State 24 City & State 25 City	2. Principal Place of Business 2a. Mailing Address					4. FEI Number		plied For
27					59-3275556	Nc	t Applicable	
28   27p   Country   28   27p   Country   28   28   30   Country   6. Throst Fund Contribution   Addied to Fees   29   30   Country   6. Throst Statutes   29   28   28   29   30   Florida Statutes   29   19   20   Thorida Statutes   29   28   Strict Address of New Registered Agent   28   Strict Address (P.O. Box Number is Not Acceptable)   28   Stric	22		27	27		5: Certificate of Status Desired		
SCHUMAKER, ROBERT S 100 NORTH TAMPA ST. SUITE 2120 TAMPA FL 33802  83 64 City FL 85 Sincer Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Sincer Address (P.O. Box Number is Not Acceptable)  85 Sincer Address (P.O. Box Number is Not Acceptable)  86 Sincer Address (P.O. Box Number is Not Acceptable)  87 TAMPA FL 33802  88 Sincer Address (P.O. Box Number is Not Acceptable)  89 Sincer Address (P.O. Box Number is Not Acceptable)  80 Sincer Address (P.O. Box Number is Not Acceptable)  80 Sincer Address (P.O. Box Number is Not Acceptable)  81 Sincer Address (P.O. Box Number is Not Acceptable)  82 Sincer Address (P.O. Box Number is Not Acceptable)  83 Sincer Address (P.O. Box Number is Not Acceptable)  84 Sincer Address (P.O. Box Number is Not Acceptable)  85 Sincer Address (P.O. Box Number is Not Acceptable)  86 Sincer Address (P.O. Box Number is Not Acceptable)  87 Sincer Address (P.O. Box Number is Not Acceptable)  88 Sincer Address (P.O. Box Number is Not Acceptable)  89 Sincer Address (P.O. Box Number is Not Acceptable)  80 Sincer Address (P.O. Box Number is Not Acceptable)  81 Sincer Address (P.O. Box Number is Not Acceptable)  82 Sincer Address (P.O. Box Number is Not Acceptable)  83 Sincer Address (P.O. Box Number is Not Acceptable)  84 Sincer Address (P.O. Box Number is Not Acceptable)  85 Sincer Address (P.O. Box Number is Not Acceptable)  86 Sincer Address (P.O. Box Number is Not Acceptable)  87 Sincer Address (P.O. Box Number is Not Acceptable)  88 Sincer Address (P.O. Box Number is Not Acceptable)  89 Sincer Address (P.O. Box Number is Not Acceptable)  81 Sincer Address (P.O. Box Number is Not Acceptable)  80 Sincer Address (P.O. Box Number is Not Acceptable)  81 Sincer Address (P.O. Box Number is Not Acceptable)  82 Sincer Address (P.O. Box Number is Not Acceptable)  83 Sincer Address (P.O. Box Number is Not Acceptable)  84 Sincer Address (P.O. Box Number is Not Acceptable)  85 Sincer Address (P.O. Box Number is Not Acceptable)  86 Sincer Address (P.O. Box Number is Not Acceptable)  87 Sincer	23		28	28				
SCHUMAKER, ROBERT S   100 NORTH TAMPA ST. SUITE 2120		25	29]			Florida Statutes	Yes 🔲 No	199.032,
100 NORTH TAMPA ST. SUITE 2120 TAMPA FL 33602  10			nt Registered Agent			10. Name and Address of New Reg	jistered Agent	
SUITE 2120 TAMPA FL 33802  183 City FL  185			•	B	Name			
TAMPA FL 33602    E3					Street Ad	dress (P.O. Box Number is Not Acceptab	e)	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florids Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of I forids. Such change was authorized by the corporation's board of directors. I heroby accept the appointment as registered agent and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.    SIGNATURE				83	3			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florids Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of I forids. Such change was authorized by the corporation's board of directors. I heroby accept the appointment as registered agent and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.    SIGNATURE				8	City		es 7in (	<sup>2</sup> odo
Signature   Sign					1 7			
Signature   Sign	11. Pursuant office or i	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.1508, Florida Statuto e of Florida. Such change was a	es, the about uthorized b	ve-named co by the corpor	rporation submits this statement for the pration's board of directors. I hereby accep	urpose of changing its	s registered registered
Name	agent. I a	ım familiar with, and accept the oblig	gations of, Section 607.0505, Flo	rida Statute	os.	,		
12.	SIGNATURE	Sipoalure, Iyood or printed name of resistured an	ent and titic if applicable (NCH)	: Negistered Ar	nent sionature rec	Litted when to inclation	fight in the second sec	
NAME   STREET ADDRESS   ST. PETERSBURG FL 33702   1.6 CITY. ST. 72P	12.				year organizations resp			S IN 12
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ST. PETERSBURG FL 33702	NAME			1.2 NAME				
TITLE   D	STREET ADDRESS			1.3 \$1REE	T ADDRESS			
NAME   SARLEY, GLEN   5990 N BURCH ST   23 STREET ADDRESS   CITY-ST-ZIP   ST. PETERSBURG FL   24 CITY-ST-ZIP     Change   Addition		L			S1 - 21P			
STREET ADDRESS   CITY-ST-ZIP   ST. PETERSBURG FL   2.4 CITY-ST-ZIP     TITLE			LJ DETETE		}		L Change	Addition
ST. PETERSBURG FL	ľ							
TITLE								
NAME		VITEIRINDVIN I	DELETE		S1-ZIP		Change	Addition
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CITY-ST-ZIP	· ·				T ADDRESS			
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A4 CITY-S1-ZIP	NAME			4. 2 NAM2				Ì
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NAME 62 NAME			Doctor		S1 - ZIP		77	1 4200
			[1] DETENT				Change	☐ Addition
	STREET ADDRESS				I ADDIDECO			

14. Ido 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, on on an attaching it with an address.

with the