## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** 

1996

P95000036318 (0)

KDR, INC.

Principal Place of Business

Maling Andress



5129 CASTELLO DRIVE, SUITE 1 NAPLES FL 33940		5129 CASTELLO DRIVE. SUITE 1 NAPLES FL 33940			
					Date Incorporated or Qualified     O5/08/1995     Sa. Date of Last Report
2. Principal F	Place of Business	2a. Mailing Address	├─┐		4. FEI Number Applied For Not Applied For Not Applied For
21		26			65-0383674   Not Applicable   \$8.75 Additional
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required
City & Sta	te	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Count	у	8. This corporation has liability for intangible tax under s 199.032,
24	25	29	30		Florida Statutes Yes No
	9. Name and Address of Currer	it Registered Agent			10. Name and Address of New Registered Agent
0044	CORD I OTERUEN		8	1 Name	
Crawford, J. Stephen 5129 Castello Drive, Suite 1			8	82 Street Address (P.O. Box Number is Not Acceptable)	
, NAPLE	S FL 33940		8	3	
•			8	4 City	FL 85 Zip Code
• 11. Pursuant	t to the provisions of Sections 607.0502 ered agent, or both, in the State of Flori	Parid 607,1508, Florida Statuti da Such change was authoriz	es, the above red by the co	I named co poration's	orporation submits this statement for the purpose of changing its registered office board of directors. I hereby accept the appointment as registered agent. I am
familiar v	with, and accept the obligations of, Sect	ion 607.0505, Florida Statutes	S. ,	,	
SIGNATURE	Signature typed or printed name of registerial agent	land tote mappel sales (NC	) El Fary dered Ag	eart signature, re	c pand where resistating DATE
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1. 1 TIFL	F	Change 🗋 Addition
NAME	KEPLEY, RICHARD B		1.2 NAM		an some office Rela
STREET ADDRESS		<del></del>	1 3 STRE	ET ADDRESS	28000 SPANISY WELLS BUID.
CITY - S1 - ZIP	BONITA SPRINGS FL 33923	Florita	1.4 CITY		Change Addition
TITLÉ	MCARDLE, DAVID A	☐ DECETE	2 1 T·TL		
NAME	AGOS CONNICH WELLS BLVD		2.2 NAM	: ET ADDRESS	28000 SPANISY WELLS BLUB.
STREET ADDRESS	BONITA SPRINGS FL 33923	• -			2000 3/111139
CITY - ST - ZIP	2011111 01 111100 12 00020		2.4 Cil Y 3.1 Bit	-	Change Addition
NAME		<u></u>	3.2 NAM		
STREET ADDRESS				EE1 ADDRESS	
CITY-ST-ZIF				- S1 - ZIP	
TITLE		DELFTE	4 1 TITL		Change Addition
NAME			4.2 NAM	E	
STREET ADDRESS	5		4.3.5TRI	FT ADDRESS	
CITY-ST-7IP			4 4 CITY	· ST · ZIP	
TITLE		☐ DELETE	5 1 T-IL	E	Change Addition
NAME			5.2 NAM	E	
STREET ADDRESS	s		53 STRI	ET ADDRESS	
CITY-ST-ZIP				-St-ZIP	
TITLE		☐ DELETE	6 1 THTL	E	700001777755rpfige □ Addition -04/12/9601011014
NAME			6.2 NAM	έ,	-04/12/9601011014
STREET ADDRESS	s		63 STRI	ET ADDRESS	***200.00
C(TY-ST-Z(P			6.4 CITY	-ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 operation or the section 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 charge 1, or or an attraction with an address.

SIGNATURE OR MINTED NAME OF SIGNING OFFICER OR DIRECTOR

56- Day the Phone 1-96