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

FILED
Feb 27 1997 8:00 am
Secretary of State

DOCUMENT # **P95000036318 (0)**

1. Corporation Name
KDR, INC.

Principal Place of Business
5129 CASTELLO DRIVE, SUITE 1
NAPLES FL 33940

Mailing Address
5129 CASTELLO DRIVE, SUITE 1
NAPLES FL 34103-1903

3. Date Incorporated or Qualified: 05/08/1995
3a. Date of Last Report: 04/11/1996

2. Principal Place of Business
21 260 BAY ROAD
Suite, Apt. #, etc.
22
City & State
23 NAPLES, FL
Zip 24 34102
Country 25 U.S.A.

2a. Mailing Address
26 260 BAY ROAD
Suite, Apt. #, etc.
27
City & State
28 NAPLES, FL
Zip 29 34102
Country 30 U.S.A.

4. FEI Number: 65-0583694 — ✓ 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

9. Name and Address of Current Registered Agent
~~KLASS, BRIAN J~~
4380 GULFSHORE BLVD., NORTH
SUITE 808
NAPLES FL 33940

10. Name and Address of New Registered Agent
81 Name: KLAAS, BRIAN J.
82 Street Address (P.O. Box Number is Not Acceptable): 260 BAY ROAD
83
84 City: NAPLES FL 85 Zip Code: 34102

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 _____ Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	KEPLEY, RICHARD B	
STREET ADDRESS	28000 SPANISH WELLS BLVD	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	
TITLE	D	☒ DELETE
NAME	MCARDLE, DAVID A	
STREET ADDRESS	28000 SPANISH WELLS BLVD	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	☐ Change ☒ Addition
1.2 NAME	KLAAS, BRIAN J	
1.3 STREET ADDRESS	260 BAY ROAD	
1.4 CITY-ST-ZIP	NAPLES, FL 34102	
2.1 TITLE	DIRECTOR	☐ Change ☒ Addition
2.2 NAME	KLAAS, BEN	
2.3 STREET ADDRESS	260 BAY ROAD	
2.4 CITY-ST-ZIP	NAPLES, FL 34102	
3.1 TITLE	DIRECTOR	☐ Change ☒ Addition
3.2 NAME	KLAAS, RICHARD L	
3.3 STREET ADDRESS	260 BAY ROAD	
3.4 CITY-ST-ZIP	NAPLES, FL 34102	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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: [illegible]