

1-21-98 B 0391 C  
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jan 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000036318 (0)

1. Corporation Name  
KDR, INC.

Principal Place of Business

Mailing Address

280 BAY ROAD  
NAPLES FL 34102

280 BAY ROAD  
NAPLES FL 34102

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/08/1995

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 owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 8889 Pelican Bay Blvd.	26 8889 Pelican Bay Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 #303	27 #303
City & State	City & State
23 NAPLES, FL	28 NAPLES, FL
Zip	Zip
24 34108	29 34108
Country	Country
25 USA	30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KLAAS, BRIAN J  
280 BAY ROAD  
NAPLES FL 34102

81 Name	KLAAS, BRIAN J
82 Street Address (P.O. Box Number is Not Acceptable)	8889 PELICAN BAY BLVD.
83	Suite 303
84 City	NAPLES, FL
85 Zip Code	34108

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLAAS, BRIAN J	1.2 NAME	
STREET ADDRESS	280 BAY ROAD	1.3 STREET ADDRESS	8889 Pelican Bay Blvd. #303
CITY-ST-ZIP	NAPLES FL 34102	1.4 CITY-ST-ZIP	NAPLES, FL 34108
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLAAS, BEN	2.2 NAME	
STREET ADDRESS	280 BAY ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34102	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLAAS, RICHARD L	3.2 NAME	
STREET ADDRESS	280 BAY ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34102	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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(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:

BRIAN J. KLAAS, 1/21/98

1/21/98 041 534 MCL

CR2E034 (10/97)