

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # S86613**

1. Corporation Name

**KATHARINE KENDALL, INC.**

Principal Place of Business

**5100 TOWN CENTER CIRCLE  
330  
BOCA RATON FL 33486  
US**

Mailing Address

**5100 TOWN CENTER CIRCLE  
330  
BOCA RATON FL 33486  
US**

**FILED**  
**Apr 07, 1999 8:00 am**  
**Secretary of State**

04-07-1999 90022 003 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/10/1991**

4. FEI Number

**65-0291937**

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

2a. Mailing Address

**26** Suite, Apt. #, etc.

City & State

**23** Zip Country

City & State

**28** Zip Country

9. Name and Address of Current Registered Agent

**E.H.G. RESIDENT AGENTS, INC.  
5100 TOWN CENTER CIRCLE  
SUITE 330  
BOCA RATON FL 33486**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PS** ☒ DELETE  
NAME **MURRAY, M KATHARINE**  
STREET ADDRESS **7531 CHESTERFIELD ROAD**  
CITY-ST-ZIP **PENSACOLA FL**

TITLE **V** ☒ DELETE  
NAME **MURRAY, DAVID P.**  
STREET ADDRESS **7531 CHESTERFIELD ROAD**  
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**P/D**

**Murray, David P.**

**7531 Chesterfield Road**

**Pensacola, FL 32506**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**V/S/D**

**Moore, Robert J.**

**10 South Cedar Street**

**Milford, MA 01757**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**V/T/D**

**Hughes, Ronald Jeffrey**

**69 Tingle Lane**

**Marathon, FL 33050**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**A-S/A-T/D**

**Colleen Demers**

**22 Bazeley Street**

**Millville, MA 01529**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SECRETARY OR DIRECTOR

(850) 456-8888

4-1-99

(598) 833-3877

Daytime Phone #

CR2E034.(1/98)