

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

DOCUMENT # P94000026165 (8)

1. Corporation Name
KEVERD INC.



Principal Place of Business: **6050 COLONIAL BLVD. FT. MYERS FL 33907** *see new*
Mailing Address: **48092 CONSTITUTION CR. FT. MYERS FL 33912-3011** *see new*

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/30/1994		3a. Date of Last Report 03/19/1996	
21 10996 Metro Parkway		26 same		4. FEI Number 65-0482477		Applied For <input type="checkbox"/> Not Applicable	
22 N/A		27 N/A		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Fort Myers, FL		28 FT. MYERS, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 33912		25 LEE		29 33912		30 Lee	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SKELTON, EVE M 18092 CONSTITUTION CR. FT MYERS FL 33912 <i>see new</i>				81 Name SAME - EVE M. SKELTON 82 Street Address (P.O. Box Number is Not Acceptable) 18270 PARKRIDGE CT. 83 Fort Myers 84 City FT. MYERS FL 85 Zip Code 33908			

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 *E.M. Skelton* **EVE M. SKELTON, V.P.** DATE **4/4/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPST <input type="checkbox"/> DELETE	1.1 TITLE	SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKELTON, EVE M	1.2 NAME	same
STREET ADDRESS	18092 CONSTITUTION CR.	1.3 STREET ADDRESS	18270 PARKRIDGE CT.
CITY-ST-ZIP	FT-MYERS FL 33912 <i>see new</i>	1.4 CITY-ST-ZIP	FT. MYERS, FL 33908
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKELTON, KEITH K JR	2.2 NAME	same
STREET ADDRESS	18092 CONSTITUTION CR.	2.3 STREET ADDRESS	18270 PARKRIDGE CT.
CITY-ST-ZIP	FT-MYERS FL 33912 <i>see new</i>	2.4 CITY-ST-ZIP	FT. MYERS, FL 33908
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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: *E.M. Skelton* **EVE M. SKELTON, V.P.** DATE **4/4/97** **94-039-5348**

CR2E034 (9/96)