

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 2:57

DOCUMENT # **L71207** (9)

1. Corporation Name

KING LAKE LANDING, INC.

Principal Place of Business

Mailing Address

***ROBERT D PERMENTER
RT 5 BOX 120-C
DEFUNIAK SPRINGS FL 32433**

***ROBERT D PERMENTER
RT 5 BOX 120-C
DEFUNIAK SPRINGS FL 32433**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/02/1990** 3a. Date of Last Report **03/04/1994**

4. FEI Number **59-3009833** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **117 Paradise Is. Dr.**

26 **117 Paradise Island Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **DeFuniak Springs, FL**

28 **DeFuniak Springs, FL**

24 **32433** 25 Country

29 **32433** 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PERMENTER, ROBERT D
RT 5 BOX 120-C
DEFUNIAK SPRINGS FL 32433**

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 of officer or director of corporation (and not the registered agent)

Signature of Registered Agent (signature required when mandating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D
12 NAME	PERMENTER, ROBERT D
13 STREET ADDRESS	RT 5 BOX 120-C
14 CITY, ST, ZIP	DEFUNIAK SPRINGS FL
21 TITLE	STD
22 NAME	PERMENTER, ELIZABETH A.
23 STREET ADDRESS	236 SABINE DR
24 CITY, ST, ZIP	PENSACOLA BEACH FL
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I 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)(b), 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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert D. Permenter Elizabeth A. Permenter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/95 892-2103
(Type Name)