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Apr 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J63084 (4)

1. Corporation Name  
KING ENTERPRISES, CITRUS & CATTLE, INC.

Principal Place of Business Mailing Address  
6018 WATERWOOD WAY (BARTOW, FL 33830) 6018 WATERWOOD WAY (BARTOW, FL 33830)  
% M LEWIS KING - P.O. BOX 665 % M LEWIS KING - P.O. BOX 665  
HIGHLAND CITY FL 33846 HIGHLAND CITY FL 33846

3. Date Incorporated or Qualified 03/23/1987 3a. Date of Last Report 04/16/1996

2. Principal Place of Business 2a. Mailing Address  
21 415 Rifle Range Rd 26 415 Rifle Range Rd  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
23 Bartow FL 28 Bartow FL  
Zip Country Zip Country  
24 33830 25 USA 29 33830 30 USA

9. Name and Address of Current Registered Agent

KING, M. LEWIS  
6018 WATERWOOD WAY  
BARTOW FL 33830

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 fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
TITLE PD 1.1 TITLE  
NAME KING, M. LEWIS 1.2 NAME  
STREET ADDRESS 6018 WATERWOOD WAY 1.3 STREET ADDRESS  
CITY-ST-ZIP BARTOW FL 1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0624304

CR2E034 (9/96)