## 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

## Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90125 017 \*\*\*150.00

## DOCUMENT # 430905 1. Corporation Name

KINGFIELD INVESTMENTS, INC.

|   |  |                                     | ·.<br>,            | ,   | · .             |   |                        |            |
|---|--|-------------------------------------|--------------------|---|-----------------|---|------------------------|------------|
| Principal Place                                   | e of Business                                      | Mailing Address                     |                    |   |                 | ( 1991) 9194 1111 9111 1811 1811                          | 9:9:: 4:5:: 212:: 5:5: |            |
| 1460 36TH STREET 1460 36TH STREET                 |  |                                     |                    |   |                 |   |                        |            |
| VERO BEACH FL 32960-3549 VERO BEACH FL 32960-3549 |  |                                     |                    |   |                 | DO NOT WRITE IN   | THIS SPACE             |            |
|   |  |                                     |                    |   |                 | 3. Date Incorporated or Qualifed                          |                        |            |
|   | _  |                                     |                    |   |                 | 07/16/1973  |                        |            |
| 2. Principal P                                    | lace of Business                                   | 2a. Mailing Address                 |                    |   |                 | 4. FEI Number   | App                    | lied For   |
| 21  |  | 26                                  |                    |   |                 | NOT APPLICABLE  | Not                    | Applicable |
| Suite, Apt.                                       | #, etc.  | Suite, Apt. #, etc.                 |                    |   |                 | 5. Certificate of Status Desired                          | \$8.75 A               |            |
| 22  |  | 27                                  |                    |   |                 | 5. Certificate of Grands Desired                          | Fee Red                | uired      |
| City & Stat                                       | e  | City & State                        | ٠.                 |   |                 | 6. Election Campaign Financing                            | \$5.00                 |            |
| 23  |  | 28                                  |                    | 4   |                 | Trust Fund Contribution                                   | Added to               | Fees       |
| Zip   | Country  | Zip                                 | Count              | try   |                 | 8. This corporation owes the current ye                   | ear Intangible  Yes    | ⊠No        |
| 24  | 25   | <u> </u>                            | 30                 |   |                 | Personal Property Tax.  10. Name and Address of New Regis |                        | <u> </u>   |
|   | 9. Name and Address of Currer                      | it Kadistelag Adalit                | 18                 | B1 N  | ame             | 10. Name and Addition of the tragge                       |                        |            |
| CLINT   | ron, scott, J.                                     |                                     | L                  |   |                 |   |                        |            |
| 1460 36TH STREET                                  |  |                                     | 8                  | 82 Street Address (P.O. Box Number is Not Acceptable) |                 |   |                        |            |
|   | BEACH FL 32960-3549                                |                                     | 1                  | B3  |                 | ***   |                        |            |
|   |  |                                     | L                  |   |                 |   |                        |            |
|   |  |                                     | 8                  | 84 C  | ity             |   | FL 85 Zip C            | ode        |
| 11 Pursuant                                       | to the provisions of Sections 607 050              | 22 and 607 1508. Florida Statute    | s. the abo         | ove-na  | med corpo       | ration submits this statement for the purpo               | ose of changing its    | registered |
| office or r                                       | registered agent, or both, in the State            | of Florida. Such change was au      | ithonzed t         | by the  | corporation     | n's board of directors. I hereby accept the               | appointment as reg     | istered    |
| _   | m familiar with, and accept the obliga             | ations of, Section 607.0505, Floi   | iua Statut         | es.   |                 | O.  | 1 2/99                 |            |
| SIGNATURE   | Signature, typed or printed name of registered age | ent and title if applicable. (NOTE: | Registered A       | gent sig  | nature required | when reinstating)   | ATE .                  |            |
| 12.   |  | ND DIRECTORS                        | 13.                |   |                 | ADDITIONS/CHANGES TO OFFICE                               | RS AND DIRECTO         | RS IN 12   |
| TITLE   | PTD  | ☐ DELETE                            | 1.1 TITLE          |   |                 | ·   | ☐ Change               | ☐ Addition |
| NAME  | BURNS, H. MICHAEL                                  |                                     | 1.2 NAM            | Æ   |                 |   |                        |            |
| STREET ADDRESS                                    | 1314 KING VAUGHAN RD.                              |                                     | 1.3 STR            | EET ADI   | DRESS           |   |                        |            |
| CITY-ST-ZIP                                       | ONTARIO, CANADA                                    | <u></u>                             | 1.4 CITY           | /-ST-ZIF  | ,               |   |                        | ,          |
| TITLE   | SD   | ☐ DELETE                            | 2.1 TITL           | £   |                 |   | ☐ Change               | Addition   |
| NAME  | ADDISON, JOAN H., (MRS.)                           |                                     | 2.2 NAM            | Æ   | į               |   |                        |            |
| STREET ADDRESS                                    | 12530 BATHURST ST.                                 |                                     | 2.3 STR            | EETAD   | DRESS           |   |                        |            |
| CITY-ST-ZIP                                       | ONTARIO, CANADA                                    |                                     |                    | Y-ST-ZI   | Р               |   |                        |            |
| TITLE   | DAS -  | ☐ DELETE                            | 3.1 TITL           | Ε   | .               |   | Change                 | ☐ Addition |
| NAME  | SCOTT, J. CLINTON                                  |                                     | 3.2 NAM            | Æ   |                 |   |                        |            |
| STREET ADDRESS                                    | 1460 36TH STREET                                   |                                     | 3.3 STR            | EET ADI   | ORESS           |   |                        |            |
| CITY-ST-ZIP                                       | BOCA RATON FL                                      |                                     |                    | 3.4, CITY-ST-ZIP                                      |                 |   |                        | ☐ Addition |
| TITLE   |  | ☐ DELETE                            | 4.1 TITL           |   |                 |   | Change                 | Addaon     |
| NAME  |  |                                     | 4. 2 NAM           |   |                 |   |                        |            |
| STREET ADDRESS                                    | · ·  |                                     | 4.3 STR            | EET ADI   | DRESS           | •   |                        |            |
| CITY-ST-ZIP                                       |  |                                     | 4.4 CITY           |   |                 |   | [T] Change             | Addition   |
| TITLE   |  | ☐ DELETE                            | 5.1 TITL           |   |                 |   | [] Citalige            |            |
| NAME  |  |                                     | 5.2 NAW<br>5.3 STR |   | DECC            |   |                        |            |
| STREET ADDRESS                                    |  |                                     | 5.4 CITY           |   | - 1             |   |                        |            |
| CITY-ST-ZiP                                       |  | ☐ DELETE                            | 6.1 TITL           |   | -               |   | ☐ Change               | Addition   |
| TITLE   |  | 7) DETEIG                           | 6.2 NAM            |   | 1               |   | 4-1 Sinango            |            |
| NAME<br>STREET ADORESS                            | <u></u>  |                                     | 6.3 STR            |   | ORESS           |   |                        |            |
|   |  |                                     |                    |   |                 |   |                        |            |

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 suppliemental 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

C/TY-ST-ZIP