

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **148041** (7)

1. Corporation Name:
KINGSWOOD SPROTT, INC.



Principal Place of Business

**4020 CANYON LAKE POINT
LAKELAND FL 33813**

Mailing Address

**4020 CANYON LAKE PT.
LAKELAND FL 33813
US**

2. Principal Place of Business

2a. Mailing Address

21. Sub-apt. #, etc.

26. Sub-apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

**SPROTT, KINGSWOOD J
4020 CANYON LAKE PT.
LAKELAND FL 33813**

3. Date Incorporated or Qualified
07/31/1946

3a. Date of Last Report
01/27/1995

4. FFI Number
59-0613365

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 has liability for intangible tax under s. 199.032,
Florida Statutes. Yes No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Numbers Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 602, 603, and 607, 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, Florida Statutes.

SIGNATURE

Signature of the President, Secretary, Treasurer, or Director

Signature of the Registered Agent

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE NAME STREET ADDRESS CITY, ST. ZIP 12.2 TITLE NAME STREET ADDRESS CITY, ST. ZIP 12.3 TITLE NAME STREET ADDRESS CITY, ST. ZIP 12.4 TITLE NAME STREET ADDRESS CITY, ST. ZIP 12.5 TITLE NAME STREET ADDRESS CITY, ST. ZIP	<p>PTD SPROTT, KINGSWOOD J 416 ODIN DR., #3E WINTER HAVEN FL</p> <p><input type="checkbox"/> DELETE</p> <p>VS SPROTT, CLYDE R. 4020 CANYON LK PT LAKELAND FL</p> <p><input type="checkbox"/> DELETE</p> <p><input type="checkbox"/> DELETE</p> <p><input type="checkbox"/> DELETE</p> <p><input type="checkbox"/> DELETE</p>
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY, ST. ZIP 13.5 TITLE 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY, ST. ZIP 13.9 TITLE 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY, ST. ZIP 13.13 TITLE 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY, ST. ZIP	<p><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>4020 Canyon Lake Pt. LAKELAND FL 33813</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
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14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 (X) or an attachment with an address.

SIGNATURE:

Kingswood J. Sprott Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-96 **813 284 2200**
DATE TIME

CR2E034 (12/95)