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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 162441 (0)

1. Corporation Name

NEW KINGSLEY BEACH INC



Principal Place of Business

Mailing Address

% MORRIS AND MORRIS, P.A.  
3733 UNIVERSITY BLVD. W. STE. 107  
JACKSONVILLE FL 32217

3733 UNIV. BLVD. W. STE 107  
3733 UNIVERSITY BLVD. W. STE 107  
JACKSONVILLE FL 32217-2111  
US

2. Principal Place of Business

2a. Mailing Address

21 C/O MORRIS & MORRIS, P.A.

26 C/O MORRIS & MORRIS, P.A.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 9315 SAN JOSE BLVD.

27 P.O. BOX 56375

City & State

City & State

23 JACKSONVILLE, FL

28 JACKSONVILLE, FL

Zip

Country

Zip

Country

24 32257

25 USA

29 32241-6375

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/27/1950

3a. Date of Last Report

05/01/1995

4. FEI Number

59-0619225

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

PAUL, SUZANNE M  
1437 SAN MARCO BLVD.  
JACKSONVILLE FL 32207

81 Name  
PAUL, SUZANNE M.

82 Street Address (P.O. Box Number is Not Acceptable)  
1008 RIO ST. JOHNS DRIVE

83

84 City  
JACKSONVILLE

FL

85 Zip Code  
32211

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 officer, agent and director (Block 12)

(Block 13) Registered Agent Signature (if not a corporation)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
PDT  
PAUL, SUZANNE  
STREET ADDRESS  
1437 SAN MARCO BLVD.  
CITY-ST-ZIP  
JACKSONVILLE FL

1.1 TITLE

PTS ☒ Change ☐ Addition

TITLE ☒ DELETE

NAME  
S  
PAUL, VINCENT H JR  
STREET ADDRESS  
1437 SAN MARCO BLVD.  
CITY-ST-ZIP  
JACKSONVILLE FL

1.2 NAME

PAUL, SUZANNE  
1008 RIO ST. JOHNS DRIVE  
JACKSONVILLE, FL 32211

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
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

600001787976

04/22/96 01016 002

\*\*\*200.00

14. I do 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)(k), 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

SUZANNE M. PAUL

DATE

Daytime Phone #

ns 4/19/96

CR2E034 (12/95)