FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 17 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 238257 (0)

1. Corporation Name
ARTHUR R. KINGSLEY COMPANY, INC.

Principal Place of Business	Mailing Address
625 NE 124 ST PO BOX 1178 NORTH MIAMI FL 33161	625 NE 124 ST PO BOX 1178 NORTH MIAMI FL 33161

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/07/1960
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-0906922 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc. PO Box 611178	27 Suite, Apt. #, etc. PO Box 611178
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

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

9. Name and Address of Current Registered Agent

WETTENGEL, JAMES L.
625 NE 124 ST
N MIAMI FL 33161

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 title 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	PD	☒ Change ☐ Addition
NAME	WETTENGEL, JAMES L	1.2 NAME	WETTENGEL, JAMES L.	
STREET ADDRESS	8610 NW 17 COURT	1.3 STREET ADDRESS	2819 MORNING GLORY LANE	
CITY ST ZIP	PEMBROKE PINES FL	1.4 CITY ST ZIP	DAVIE Fl 33328	
TITLE	STD	2.1 TITLE	STD	☒ Change ☐ Addition
NAME	WETTENGEL, PATRICIA	2.2 NAME	WETTENGEL, PATRICIA	
STREET ADDRESS	8610 NW 17 COURT	2.3 STREET ADDRESS	2819 MORNING GLORY LANE	
CITY ST ZIP	PEMBROKE PINES FL	2.4 CITY ST ZIP	DAVIE Fl 33328	
TITLE	V	3.1 TITLE	V	☒ Change ☐ Addition
NAME	ELLIS, SAM	3.2 NAME	Ellis, Sam (NA)	
STREET ADDRESS	1540 NW 143 ST	3.3 STREET ADDRESS	PO BOX 475	
CITY ST ZIP	NORTH MIAMI FL	3.4 CITY ST ZIP	SUMMERLAND KEY, Fl. 33042	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY ST ZIP		4.4 CITY ST ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY ST ZIP		5.4 CITY ST ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY ST ZIP		6.4 CITY ST ZIP		

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] James L. Wettengel 2-2-95 305 8950060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0174810 CP