

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 344600 (2)
1. Corporation Name
KING PROVISION CORPORATION

Principal Place of Business
9009 REGENCY SQUARE BLVD
JACKSONVILLE FL 32211-8118

Mailing Address
9009 REGENCY SQUARE BLVD
JACKSONVILLE FL 32211-8118



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/15/1969	
21		26		4. FEI Number 59-1283120	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent STEIN, DAVID A 9009 REGENCY SQUARE BLVD JACKSONVILLE FL 32203		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	CD <input type="checkbox"/> DELETE	1.1 TITLE	✓ Al Juodvalkis <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEIN, DAVID	1.2 NAME	
STREET ADDRESS	9009 REGENCY SQ BLVD	1.3 STREET ADDRESS	9009 Regency Square Blvd
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville, FL 32211
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	✓ Tim Dyer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HICKS, EDWARD F.	2.2 NAME	
STREET ADDRESS	9009 REGENCY SQ BLVD	2.3 STREET ADDRESS	9009 Regency Square Blvd.
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville, FL 32211
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	✓ Tim Danielsen <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARLSON, MARC	3.2 NAME	
STREET ADDRESS	9009 REGENCY SQ BLVD	3.3 STREET ADDRESS	9009 Regency Square Blvd.
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jacksonville, FL 32211
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	✓ Bill Bowers <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEIN, MARTIN E., JR.	4.2 NAME	
STREET ADDRESS	9009 REGENCY SQ BLVD	4.3 STREET ADDRESS	9009 Regency Square Blvd
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Jacksonville, FL 32211
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	✓ Paula French <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEIN, RICHARD W.	5.2 NAME	
STREET ADDRESS	9009 REGENCY SQ BLVD	5.3 STREET ADDRESS	9009 Regency Square Blvd
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	Jacksonville, FL 32211
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	✓ Ann Sikes <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEIN, ROBERT L	6.2 NAME	
STREET ADDRESS	9009 REGENCY SQUARE BLVD	6.3 STREET ADDRESS	9009 Regency Square Blvd
CITY-ST-ZIP	JACKSONVILLE FL 32211	6.4 CITY-ST-ZIP	Jacksonville, FL 32211

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 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:

Ann Sikes
Typed name and title of registered agent and title if applicable

3/26/98 904-725-4122 *205
Date Phone # Filing Fee

CR2E034 (10/97)