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FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90292 020 ***750.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 344600

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

3. Date Incorporated or Qualified

04/15/1969

4. FEI Number

59-1283120

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required -

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

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

TITLE CD
NAME STEIN, DAVID
STREET ADDRESS 9009 REGENCY SQ BLVD
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE PD
NAME HICKS, EDWARD F.
STREET ADDRESS 9009 REGENCY SQ BLVD
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE ST
NAME CARLSON, MARC
STREET ADDRESS 9009 REGENCY SQ BLVD
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE VD
NAME STEIN, MARTIN E., JR.
STREET ADDRESS 9009 REGENCY SQ BLVD
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE VD
NAME STEIN, RICHARD W.
STREET ADDRESS 9009 REGENCY SQ BLVD
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE VD
NAME STEIN, ROBERT L
STREET ADDRESS 9009 REGENCY SQUARE BLVD
CITY-ST-ZIP JACKSONVILLE FL 32211

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice President
1.2 NAME Al Juodvalkis
1.3 STREET ADDRESS 9009 Regency Square Blvd
1.4 CITY-ST-ZIP Jacksonville, FL 32211

☐ Change

☒ Addition

2.1 TITLE Vice President
2.2 NAME Tim Dyer
2.3 STREET ADDRESS 9009 Regency Square Blvd
2.4 CITY-ST-ZIP Jacksonville, FL 32211

☐ Change

☒ Addition

3.1 TITLE Vice President
3.2 NAME Tim Danreken
3.3 STREET ADDRESS 9009 Regency Square Blvd
3.4 CITY-ST-ZIP Jacksonville, FL 32211

☐ Change

☒ Addition

4.1 TITLE Vice President
4.2 NAME Bill Bowers
4.3 STREET ADDRESS 9009 Regency Square Blvd
4.4 CITY-ST-ZIP Jacksonville, FL 32211

☐ Change

☒ Addition

5.1 TITLE Vice President
5.2 NAME Paula French
5.3 STREET ADDRESS 9009 Regency Square Blvd
5.4 CITY-ST-ZIP Jacksonville, FL 32211

☐ Change

☒ Addition

6.1 TITLE Secretary
6.2 NAME Ann Sikes
6.3 STREET ADDRESS 9009 Regency Square Blvd
6.4 CITY-ST-ZIP Jacksonville, FL 32211

☐ Change

☒ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/99 904-725-4122

CR2E034 (1/98)