

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **380953** (0)

1. Corporation Name

ARTHUR L. KING, INC.



Principal Place of Business

**1108 CHARLOTTA ST.
BOX 3057
FT. PIERCE FL 34982
US**

Mailing Address

**1020 B OLD CHISOLM TRAIL
DEWEY AZ 86327
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, 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

**KING, ELEANOR C.
1108 CHAROHA ST.
P.O. BOX 3057
FT. PIERCE FL 34982**

3. Date Incorporated or Qualified

04/22/1971

3a. Date of Last Report

05/16/1995

4. FET Number

59-1457591

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 Number is Not Acceptable)

83

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.07(2) and 607.1503, Florida Statutes, the above named corporation subscribes 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, hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of Sections 607.07(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE **PVS**
NAME **KING, ELEANOR**
STREET ADDRESS **1108 CHARLOTTA ST. BOX 3057**
CITY-STATE-ZIP **FT. PIERCE FL 34982**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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STREET ADDRESS
CITY-STATE-ZIP

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13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

☐ Change ☐ Addition

5. NAME
6. STREET ADDRESS
7. CITY-STATE-ZIP

☐ Change ☐ Addition

8. NAME
9. STREET ADDRESS
10. CITY-STATE-ZIP

☐ Change ☐ Addition

11. NAME
12. STREET ADDRESS
13. CITY-STATE-ZIP

☐ Change ☐ Addition

14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied was true & 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 provided for this annual report or supplemental filing 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 person 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 in an addition thereto as above.

SIGNATURE:

Eleanor C. King
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/96 520-775-3674

CR2E034 (12/95)