**FILED** 

Mar 05, 1999 8:00 am Secretary of State

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 430737

1. Corporation Name

KING'S PARK CO

Principal Place	of Business	Mailing Address			1 ( 0 0 111 0 10 PB ( 1111 0 0 111 1 10 0 1 111 1 1 1 1 1 1	1811 AIA11 BIBI1 AIS11 JAD1	
1601 EAST ALABAMA STREET P.O. BOX 956		P.O. BOX 956					
P.O. BOX 956 P.O. BOX 956							
PLANT CITY FL 33564 PLANT CITY FL 33564					DO NOT WRITE IN THIS SPACE		
		US			3. Date Incorporated or Qualifed 07/17/1973	•	
2. Principal Pl	ace of Business	2a. Mailing Address	-		4. FEI Number	Applied For	
21		26			59-1497264	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5 Certificate of Status Desired	8.75 Additional	
22		27			5. Certifcate of Status Desired	Fee Required	
City & State	9	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	_ Country	/	<ol> <li>This corporation owes the current year Intangil</li> </ol>		
24	25	29 3	0		1 Graditar Francisco	Yes □No	
	<ol><li>Name and Address of Cur</li></ol>	rent Registered Agent		1	10. Name and Address of New Registered Age	nt	
VEDI	NED IAMEE D		81	Name			
	NER, JAMES P		82	Street	Address (P.O. Box Number is Not Acceptable)		
	2 GULF BLVD				E. Reynolds Street, Suite 700		
INEA	ASURE ISLAND FL 33566		83		•		
			84	City	8	5 Zip Code	
				Pla	nt City, FL	33566	
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statutes	, the abov	e-named	corporation submits this statement for the purpose of chal poration's board of directors. I hereby accept the appointment	nging its registered	
office or re agent. Lar	egistered agent, or both, in the Sta m familiar with, and accept the obl	ate of Florida. Such change was auti ligations of, Section 607.0505, Florid	nonzeo by la Statute:	tne corpi S.	poration's board of directors. Thereby accept the appointment	ili as registered	
SIGNATURE	·						
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE: R	legistered Age	nt signature r	required when reinstating) DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND D		
TITLE	PD	☐ DELETE	1.1 TITLE		<u> </u>	Change Addition	
NAME	VERNER, JAMES P		1.2 NAME				
STREET ADDRESS	12112 GULF BLVD		1.3 STREE	TADORESS		700	
CITY-ST-ZIP	TREASURE ISLAND FL		1.4 CITY-5	T-ZIP	Plant City, F1 33566		
TITLE	VPD	☐ DELETE	2.1 TITLE			Change	
NAME	VERNER, JOHN V		2.2 NAME		110 En Bornoldo Stroot Suito	700	
STREET ADDRESS	420 GULF BLVD		2.3 STREE	TADDRESS	110 E. Reynolds Street, Suite	700	
CITY-ST-ZIP	MADEIRA BEACH FL		2. 4 CITY-	ST-ZIP	Plant City, F1 33566		
TITLE	SD	☐ DELETE	3.1 TMLE		xx	Change	
NAME	SHUMP, JAMES R		3.2 NAME				
STREET ADDRESS	300 W. REYNOLDS		3.3 STREE	TADDRESS	110 E. Reynolds Street, Suite	700	
CITY-ST-ZIP	PLANT CITY FL		3.4, CITY-	ST-ZIP	Plant City, F1 33566		
TITLE		☐ DELETE	4.1 TITLE			Change	
NAME	4		4. 2 NAME		,		
STREET ADDRESS			4 3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP			
TITLE		☐ DELÉTE	5.1 TITLE		. 🗆	Change Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	TADORESS			
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	TADORESS	*		
			C 4 C/TD/ 6	T 710			

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:** 

