

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

1996 AUG 29 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 519964

(1)

1. Corporation Name

DOUGLAS KING BUILDERS, INC.

Principal Place of Business

Mailing Address

5528 PIMLICO DR.
TALLAHASSEE FL 32308

5528 PIMLICO DR.
TALLAHASSEE FL 32308



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

12/09/1976

3a. Date of Last Report

04/24/1995

4. FEI Number

59-1704233

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KING, DOUGLAS P.
5528 PIMLICO DR.
TALLAHASSEE FL 32308

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.

(If the Registered Agent's signature is required when filing, sign.)

DATE

Douglas King, President 904-893-3172

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

11 TITLE ☐ Change ☐ Addition

NAME KING, DOUGLAS P.

12 NAME

STREET ADDRESS 5528 PIMLICO DR.

13 STREET ADDRESS

CITY - ST - ZIP TALLAHASSEE FL

14 CITY - ST - ZIP

TITLE ☐ DELETE

21 TITLE

NAME KING, DOUGLAS P.

22 NAME

STREET ADDRESS 5528 PIMLICO DR.

23 STREET ADDRESS

CITY - ST - ZIP TALLAHASSEE FL

24 CITY - ST - ZIP

TITLE ☐ DELETE

31 TITLE

NAME EDENFIELD, PENNY E.

32 NAME

STREET ADDRESS 5528 PIMLICO DR.

33 STREET ADDRESS

CITY - ST - ZIP TALLAHASSEE FL

34 CITY - ST - ZIP

TITLE ☒ DELETE

41 TITLE ☐ Change ☐ Addition

NAME FORD, JESSICA M

42 NAME

STREET ADDRESS 310 N GADSDEN ST #6

43 STREET ADDRESS

CITY - ST - ZIP TALLAHASSEE FL

44 CITY - ST - ZIP

TITLE ☒ DELETE

51 TITLE

NAME JOYCE, BILLY

52 NAME

STREET ADDRESS 381 RICHVIEW PK

53 STREET ADDRESS

CITY - ST - ZIP TALLAHASSEE FL

54 CITY - ST - ZIP

TITLE ☐ DELETE

61 TITLE ☐ Change ☐ Addition

NAME COCKE, BOBBY

62 NAME

STREET ADDRESS 4717 BONERAIL TR

63 STREET ADDRESS

CITY - ST - ZIP TALLAHASSEE FL

64 CITY - ST - ZIP

TITLE ☐ DELETE

71 TITLE

NAME

72 NAME

STREET ADDRESS

73 STREET ADDRESS

CITY - ST - ZIP

74 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)(c), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas King

904-893-3172

CR2E034 (3/96)