FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **612450** **(7)**

1. Corporation Name
KING GULF BEACH MOTEL ENTERPRISES, INC.

Principal Place of Business	Mailing Address
4533 HWY 389 P. O. BOX 9227 PANAMA CITY FL 32405 US	P O BOX 9227 P. O. BOX 9227 PANAMA CITY FL 32417-9227 US

3. Date Incorporated or Qualified: 03/12/1979
3a. Date of Last Report: 01/29/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-1905121 ☐ 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

KING, CHARLES R.
12011 W HWY 98
PANAMA CITY BEACH FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 4533 Hwy. 389
83 P.O. Box 9227
84 City: PANAMA City — FL — 85 Zip Code: 32405

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: _____ (NEW Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KING, CHARLES R.	1.2 NAME	
STREET ADDRESS	12011 W HWY 98	1.3 STREET ADDRESS	4533 Hwy. 389
CITY-ST-ZIP	PANAMA CITY BCH FL	1.4 CITY-ST-ZIP	PANAMA City, Fl. 32405
TITLE	VDST ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KING, VIRGINIA P.	2.2 NAME	
STREET ADDRESS	12011 W HWY 98	2.3 STREET ADDRESS	4533 Hwy 389
CITY-ST-ZIP	PANAMA CITY BCH FL	2.4 CITY-ST-ZIP	PANAMA City, Fl, 32405
TITLE	☐ DELETE	3.1 TITLE	ASST. Sec. ☐ Change ☐ Addition
NAME		3.2 NAME	CHARLOTTE R. King JENNINGS
STREET ADDRESS		3.3 STREET ADDRESS	4529 Hwy. 389
CITY-ST-ZIP		3.4 CITY-ST-ZIP	PANAMA City, Fl. 32405
TITLE	☐ DELETE	4.1 TITLE	ASST. TREAS. ☐ Change ☐ Addition
NAME		4.2 NAME	Alice R. King Millican
STREET ADDRESS		4.3 STREET ADDRESS	4537 Hwy. 389
CITY-ST-ZIP		4.4 CITY-ST-ZIP	PANAMA City, Fl. 32405
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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: CHARLES R. King - PRESIDENT — 3-18-97 — (904)265-8864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0054268