

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90528 043 \*\*\*150.00

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**DOCUMENT # 612450**

1. Entity Name  
**KING GULF BEACH MOTEL ENTERPRISES, INC.**



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

Mailing Address  
P O BOX 9227  
P. O. BOX 9227  
PANAMA CITY FL 32417  
US



2. Principal Place of Business Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.

City & State

City & State

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-1905121**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KING, CHARLES R.**  
**4533 HWY 389**  
**P.O BOX 9227**  
**PANAMA CITY FL 32405**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	KING, CHARLES R.	
STREET ADDRESS	4533 HWY 389	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	VDST	<input type="checkbox"/> Delete
NAME	KING, VIRGINIA P.	
STREET ADDRESS	4533 HWY 389	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	JENNINGS, CHARLOTTE R. K	
STREET ADDRESS	4529 HWY 389	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	AT	<input type="checkbox"/> Delete
NAME	MILLICAN, ALICE R KING	
STREET ADDRESS	4537 HWY 389	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, CHARLES R.	
STREET ADDRESS	1502 MASS AVE.	
CITY-ST-ZIP	LYNN HAVEN FL, 32444	
TITLE	VDST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, VIRGINIA P.	
STREET ADDRESS	1502 MASS AVE	
CITY-ST-ZIP	LYNN HAVEN FL, 32444	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles R. King  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-03  
Date

850-265-8864  
Daytime Phone #

CR2E034 (10/02)