

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 23 1998 8:00am
Secretary of State

DOCUMENT # **641932** (9)
1. Corporation Name
KING CHARTER CO.



Principal Place of Business
**2125 WINDWARD WAY
STE 200
VERO BCH FL 32963
US**

Mailing Address
**2125 WINDWARD WAY
STE 200
VERO BCH FL 32963
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/24/1979

4. FEI Number
59-1944220

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

9. Name and Address of Current Registered Agent

**BABCOCK, CHARLES I, JR
2125 WINDWARD WAY
STE 200
VERO BCH FL 32963**

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 607.0502 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	BABCOCK, CHARLES I JR.	
STREET ADDRESS	2125 WINDWARD WAY STE 200	
CITY-ST-ZIP	VERO BCH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	QUEEN, ARLENE D	
STREET ADDRESS	2125 WINDWARD WAY STE 200	
CITY-ST-ZIP	VERO BCH FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	BABCOCK, MARY H (ASST)	
STREET ADDRESS	2125 WINDWARD WAY STE 200	
CITY-ST-ZIP	VERO BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BABCOCK, CHARLES I. III	
1.3 STREET ADDRESS	1934 SOULE ROAD	
1.4 CITY-ST-ZIP	CLEARWATER, FL 33759	
2.1 TITLE	V/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BABCOCK, CALVIN H.	
2.3 STREET ADDRESS	300 GRECO AVENUE	
2.4 CITY-ST-ZIP	CORAL GABLES, FL 33146	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TAYLOR, MARY E.	
3.3 STREET ADDRESS	406 EUGENIA DRIVE	
3.4 CITY-ST-ZIP	VERO BEACH, FL 32963	
4.1 TITLE	T (ASST)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BABCOCK, EVELYN E.	
4.3 STREET ADDRESS	7330 LANE PARK	
4.4 CITY-ST-ZIP	DALLAS, TX 75225	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE:

Arlene D. Queen
ARLENE D. QUEEN, SECRETARY 561-231-7761

CR2E034 (5/98)