

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 25 1997 8:00am
Secretary of State

DOCUMENT # **647347**

(4)

1. Corporation Name

KING LUMBER OF KEYSTONE, INC.



Principal Place of Business

**5853 WHITE SANDS RD
P.O. BOX 437
KEYSTONE HEIGHTS FL 32656
US**

Mailing Address

**PO BOX 437
P.O. BOX 437
KEYSTONE HEIGHTS FL 32656-0437
US**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**S. J. KING, JR.
5853 WHITE SAND ROAD
KEYSTONE FL 32656**

3. Date Incorporated or Qualified

12/06/1979

3a. Date of Last Report

03/18/1996

4. FEI Number

59-1965515

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

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 of person filing this report (required for all filings)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

11 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

11 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

11 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

11 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

11 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**VD
PAGE, JANIE KING
5954 GATORBONE ROAD
KEYSTONE HTS FL
TD
KING, DEADA
5853 WHITE SANDS RD
KEYSTONE, FL 00000
PD
KING, S. J.
5853 WHITE SANDS RD.
KEYSTONE FL**

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13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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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 contained 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. J. King

Date

Daytime Phone #

CR2E034 (9/96)