FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morthan ANNUAL REPORT Secretary of State 9 5 DTHISION OF CORPORATIONS 19964-30-9 DOCUMENT # ROBERT KING REALTY, INC. Principal Place of Business Mailing Address US HWY 27 SOUTH US HWY 27 SOUTH P.O. BOX 430 P.O. BOX 430 **AVON PARK FL 33825** AVON PARK FL 33825 3a. Date of Last Report 05/11/1995 01/15/1980 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-2054432 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zin Zio Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KING, ROBERT R JR 82 Street Address (P.O. Box Number is Not Acceptable) US 27 SOUTH **AVON PARK FL 33825** 83 City Zio Code 85 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. Thereby accept the appointment as registered agent. Lam Styriature, typed or printed name of regeneral agent a left stell facult race (NEXT): Registered Agent signature replied when ourstan gr DAIL 12 OFFICERS AND DIFFECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.11(1) Change Addition KING. ROBERT R JR NAME 1.2 NAM US HWY 27 S STREET ADDRESS 1.3 STREET ADORESS AVON PK FL CITY - ST- ZIP 1.4 CITY - STI ZIP TITLE DELETE 2 1 TITLE ☐ Addition KING, ROBERT R III NAME 2.2 NAME 1033 W. PINE STREET STREET ADDRESS 2.3 STREET ADDRESS AVON PK FL CITY-ST-ZIP 2.4 CITY - ST - ZIP THUE DELETE 3 1 111: 6 ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREFT ADDRESS CITY-ST-ZIP 34 CHY-ST-ZIP TITLE DELETE 4 1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5 1 TIFLE Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-SI-ZIP 5.4 CITY - ST - ZIF TITLE DELETE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREE: ADDRESS CITY - ST - 7IP 6.4 CITY - \$1 - 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)(k), Florida Statutes. I further certify that the information indigated 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 appears in Block 12 or Blogk. 13 if changed, or on an fittachment without address. 4/25/96 941-453-6634 Colores SIGNATURE:

ING OFFICER OR DIRECTOR

(12/95)

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