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

FILED May 01 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 652313 (8) 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 DO NOT WRITE IN THIS SPACE AVON PARK FL 33825 **AVON PARK FL 33825** 3. Date Incorporated or Qualified 01/15/1980 2. Principal Place of Business 26. Mailing Address 4. FEI Number Applied For 21 26 59-2054432 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 **Trust Fund Contribution** Added to Fees 28 Ζıp Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes Yes Personal Property Tax due June 30. 24 25 29 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 KING, ROBERT R JR US 27 SOUTH 82 Street Address (P.O. Box Number is Not Acceptable) **AVON PARK FL 33825** 8.3 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, t 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 reinstaling) DATE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE NAME KING, ROBERT R JR 1.2 NAME **US HWY 27 S** STREET ADORESS 1.3 STREET ADDRESS **AVON PK FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change ☐ Addition NAME KING, ROBERT R III 2.2 NAME 1033 W. PINE STREET STREET ADDRESS 2.3 STREET ADDRESS AVON PK FL CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-\$1-ZIP 3.4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP ☐ DELETE ☐ Change ___ Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition Change TITLE 6.1 TITLE

14. Thereby 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 eath; that I am an officer or director of the corporation or the receiver of 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 appearment with an address.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.2 NAME

bot RKians II SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP