

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Jul 24 1996 8:00 am  
Secretary of State

DOCUMENT # 658049 (2)

1. Corporation Name

LEONARD M. KING INDUSTRIES, INC.

Principal Place of Business

Mailing Address

2111 SW 60TH WAY  
MIRAMAR FL 33023

2111 SW 60TH WAY  
MIRAMAR FL 33023

2. Principal Place of Business

2a. Mailing Address

21

26

PO Box 3636

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

MIRAMAR FL

24

Zip

Country

Zip

Country

25

29

33053

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KING, LEONARD M  
2111 SW 60TH WAY  
MIRAMAR FL 33023

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 terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

P  
KING, LEONARD M  
1801 SE 115TH AVE  
DAVE FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

ST  
DANIELS-KING, PATRICIA A  
1801 SW 115TH AVE  
DAVE FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

V  
KING, LEONARD BARRY  
RT 1, BOX 1846  
LABELLE FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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STREET ADDRESS  
CITY - ST - ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-17-96 954-961-6006

CR2E034 (3/96)