FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 PM 2:16

DOCUMENT # F09587 (9)

1. Corporation Name
KINGSFORD, INC.

Principal Place of Business	Mailing Address
3157 ROCK CREEK DR PORT CHARLOTTE FL 33948 US	3157 ROCK CREEK RD PORT CHARLOTTE FL 33948 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/16/1980
3a. Date of Last Report: 02/15/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 59-2365926 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

Zip — 24 Country — 25
Zip — 29 Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GLASSFORD DALE C
5780 SUNSET DRIVE
S MIAMI FL 33143

10. Name and Address of New Registered Agent

01 Name: Miko P. Gunderson
02 Street Address (P.O. Box Number is Not Acceptable)
03: 1861 Placida Road, Suite 104
04 City: Englewood FL 05 Zip Code: 34223

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 hereby accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Miko P. Gunderson — 1/16/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P/D ☒ Change ☐ Addition
NAME	MURRAY, J.C.	1.2 NAME	Murray, Barbara
STREET ADDRESS	3157 ROCK CREEK RD	1.3 STREET ADDRESS	3157 Rock Creek Drive
CITY-ST-ZIP	PORT CHARLOTTE FL	1.4 CITY-ST-ZIP	Port Charlotte, FL 33948
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	MURRAY, BARBARA	2.2 NAME	
STREET ADDRESS	3157 ROCK CREEK DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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)(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: Barbara Murray — 1/16/95 — 743-0342
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #

0338026 CP