

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # F35345

(0)

1. Corporation Name

THE KING GROUP INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:03

Principal Place of Business

MCDONALDS OF ORANGE PARK
302 COLLEGE DR
ORANGE PARK FL 32065
US

Mailing Address

C/O DAVID A. KING, ATTORNEY
1416 KINGSLEY AVENUE
ORANGE PARK FL 32073

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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25

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30

3. Date Incorporated or Qualified 05/19/1981

3a. Date of Last Report 03/16/1994

4. FEI Number 59-2093194

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KING, DAVID A.
ATTORNEY AT LAW
1416 KINGSLEY AVENUE
ORANGE PARK 32073

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 resigning)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE ☒
NAME ~~X~~
STREET ADDRESS ~~X~~
CITY - ST - ZIP ~~X~~

TITLE ☒
NAME ~~X~~
STREET ADDRESS ~~X~~
CITY - ST - ZIP ~~X~~

TITLE ☒
NAME ~~X~~
STREET ADDRESS ~~X~~
CITY - ST - ZIP ~~X~~

TITLE D
NAME KING, KAREN LEE
STREET ADDRESS 342 FLEMING DRIVE
CITY - ST - ZIP GREEN COVE SPGS. FL

TITLE R
NAME KING, KAREN LEE
STREET ADDRESS 342 FLEMING DRIVE
CITY - ST - ZIP GREEN COVE SPGS. FL

TITLE ☒
NAME ~~X~~
STREET ADDRESS ~~X~~
CITY - ST - ZIP ~~X~~

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with no address.

SIGNATURE:

Karen Lee King
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR
Karen Lee King, President

2-8-95

272-7004