	E NOW: FI	LING FEE AI	TER MAY 1 IS				
COR	CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS				
DOCUI	MENT #	F43340	(1)				
1. Corporation KINGS	TON HOMES,	INC.	, ,				
Principal Place of Business C/O DAYID N BAKUN			Mailing Address C/O DAVID N BAKUN			II ARII 915:1 6161: 6161! 41) Des ment milite 1961
- 9674 HIDDEN ACRES CIR - NORTH FT MYERS-9999			NORTH FT WYERS 33903				
					3. Date Incorporated or Qualified 08/26/1981	3a. Date of Last 08/03/1	Report 1995
	ace of Business .	. <i>1</i>	2a. Mailing Address		4. FEI Number 59-2121925		Applied For
Suite, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional		
City & State		1	7 38 11 3 4 City & State	121	6. Election Campaign Financing	\$5.	.00 May Be
Zip	Co	puntry	B Murdock	IPL Country, 1	Trust Fund Contribution 8. This corporation has liability for	Add	ded to Fees
24 33 9 5		Uンド 2 ddress of Current Re		30] () /4		; □ No	3 100.002
DAVDI N				81 Name	TO, FIGURE 2110 AGGIGGS OF NEW F	registered Agent	
3874 HIDDEN ACRES CIR NORTH FT MYERS 33903					ess (P.O. Box Number is Not Acceptat	ole)	
NORTH	FI MTERS 3390	3		83			
11 Pursuant to the providence of Scotters 607 0540 and 607 1560 Ft				B4 City			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 for both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.							
SIGNATURE _	18	name of registered agent and life		Registered Agent signature required		4/29	196
12. 111LE	DP	OFFICERS AND DIF		13. 1 1 TITLE	ADDITIONS/CHANGES TO OFF		FORS IN 12
NAME	BAKUN, DAVII 3874 HIDDEN	D ACRES CIR,NW	<u> </u>	1.2 NAME		Change	TORS IN 12 6 Addition 29 950
STREET ADDRESS CITY - ST - ZIP	N FT MYERS,			1.3 STREFT ADDRESS : 1.4 City-St-Zip			ZEO
TITLE			☐ DELE1E	2 1 TITLE		☐ Change	e Addition
NAME STREET ADDRESS				2.2 NAME 2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE			DELETE	2 4 CITY-ST-ZIP			
NAME			preced	3 1 TITLE 3.2 NAME		Change	e 🔲 Addition
STREET ADDRESS CITY-ST-ZIP				3.3. STREET ADDRESS			
TITLE			DELETE	3.4 CITY-ST-ZIF 4. 1 TITLE		☐ Change	Addition
NAME STREET ADDRESS				4.2 NAME 4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 Criy-St-ZIP			
TITLE NAME			DELETE	5 1 THILE 5.2 NAME		Change	Addition
STREET ADDRESS				5 3 STREET ADDRESS			
CITY-ST-ZIP TITLE			DELETE	5.4 CITY - ST - ZIP 6. 1 TITLE		☐ Change	Addition
NAME				6.2 NAME		change	Addition
STREET ADDRESS CITY-ST-ZIP				63 STREET ADDRESS			
14. I do hereby certify that t	certify that the infor the information indic	mation supplied with the	ie filing is Volantarily furnishe on of supplemental annual r	■ 94 cm - 31-78* Id and does not qualify for report is true and accurate	the exemption stated in Section 119.0 and that my signature shall have the seport as required by Chapter 607, Flo	07(3)(k), Florida Statu	utes. I further
oath; that I appears in E	am an officer or dire Block 12 or Block 1	ector of the corporation 3 if changed of on an a	of the receiver or trustee en attachment with an address.	ripowered to execute this	report as required by Chapter 607, Flo	orida Statutes; and the	nat my name
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1 5 4 764 - 100 0 Disjoint Phone 1							
`	SIGNA	LUKE AND TYPED OR PRINT	EO NAME OF SIGNING OFFICER OF	DIRECTOR	// Date/	Daytime Phone	£ #