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PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400003943 1. Corporation Name

ROBERT H. KING INCORPORATED

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Principal Plac	ce of Business	Mailing Address					. 20100 11118 1811	
6550 CAMPBELL BLVD. 6550 CAMPBELL BLVD.								
LOCKPORT N	Y 14094	LOCKPORT NY 14094						
ļ	•					RITE IN THIS	SSPACE	
			•		 Date Incorporated or Qualit 07/28/1994 	ed		j
2. Principal Place of Business 2a. Mailing Address					4. FEI Number			pplied For
21		26			16-0955637		N	ot Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	I	\$8.75	Additional
22		27			3. Certificate of Status Desired		Fee R	equired
City & Sta	ate	City & State			6. Election Campaign Financi	ng 🗆	\$5.00	May Be
23		28			Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Country	•	8. This corporation owes the o	:urrent year In	tangible	
24	25	29	30		Personal Property Tax.		🔼 Yes	□No
	9. Name and Address of Current	t Registered Agent			10. Name and Address of Ne	w Registered	Agent	
PIAN	POPERT HID		81	Name			•	
KING, ROBERT H JR			82 Street Add		ess (P.O. Box Number is Not Acce	ntable)		,
					•	padoloj Partikanti one	STATE A STATE	1 # 23.7(2) 2117 (A.B.)
: MAI	RCO ISLAND FL 33937		83		· 地名美国克里克 医皮肤	建一线	美 6 10 10	i 31261 1641
					• रहा देव साथ देखी हैं। को देख	150年2月1日		
			84	City		FI	85 Zip	Code
11a Pursuant	t to the provisions of Sections 607.0502 registered agent, or both, in the State of	2 and 607.1508. Florida Statu	tes, the above	te-named corpo	oration submits this statement for t	he purpose of	changing its	registered
						cont the anno	intment as re	1.4
office or	registered agent, or both, in the State of	of Florida. Such change was a	authorized by	the corporatio	on's board of directors. I hereby ac	cehr nie appo	minimum do n	egistered
agent. I a	am familiar with, and accept the obligation	tions of Section 607.0505, Flo	orida Statutes	the corporatio	on's board of directors. I hereby ac	cept trie appo	1-190	egisterea 1
office or agent. I a SIGNATURE	am familiar with, and accept the obligat	tions of Section 607.0505, Flo	orida Statutes	•		DATE OF THE PROPERTY OF THE PR	5/99	gistered 3
agent. I a	am familiar with, and accept the obligation	tions of Section 607.0505, Flo	orida Statutes E: Registered Agen	•	d when reinstating) {/ {S:3/3	DATE	15/99	;
ągent. I a SIGNATURE 12,	Signature, typed of printed name of registered agent	tions of Section 607.0505, Flo	E: Registered Agen	•	d when reinstating) (# 1889/5 ADDITIONS/CHANGES TO	DATE	5-/99	ORS IN 12
agent. I a SIGNATURE 12. TITLE	Signature, typed of printed name of registered eigent PDC	t and title if applicable. (NOTI	E: Registered Agen 13. 1.1 TITLE	•	d when reinstating) {/ {S:3/3	DATE	15/99	;
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14. I hereby 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 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, with all of the corporation.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

OLCOTT RULLHAN

NAME

STREET ADDRESS

FILED

Jan 30, 1999 8:00am

Secretary of State

01-30-1999 90010 031 ***150.00