

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP -9 AM 10:20

DOCUMENT # F95000005753 (7)

1. Corporation Name

KINGDOM ENTERPRISES OF SARASOTA, INC.



Principal Place of Business

262 S TAMiami TR
VENICE FL 34287

Mailing Address

262 S TAMiami TR
VENICE FL 34287

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
11/27/1995

3a. Date of Last Report

11/27/1995

4. FET Number
65-0539115

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. 193.032
Florida Statutes ☒ Yes ☒ No

9. Name and Address of Current Registered Agent

JOHNSON, DAVID P
5757 BENEVA RD #4
SARASOTA FL 34233

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE DAVID P. JOHNSON

Signature, typed or printed name of registered agent and fee if applicable

Signature, typed or printed name of registered agent and fee if applicable

9/29/96

12. OFFICERS AND DIRECTORS

TITLE DCPS
NAME GRISGBY, SHARON
STREET ADDRESS 615 ROBERTS BAY DR
CITY-ST-ZIP NOKOMIS FL 34275 ☐ DELETE

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STREET ADDRESS 615 ROBERTS BAY DR
CITY-ST-ZIP NOKOMIS FL 34275 ☐ DELETE

TITLE
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CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

900001930033
-09/18/96--01029--008
*****225.00 *****225.00

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)(g), 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:

SHARON GRISGBY

SHARON GRISGBY

9/5/96

941-485-7747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President

CR2E034 (12/95)