## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## May 05, 1999 8:00 am Secretary of State

05-05-1999 90053 008 \*\*\*150.00

## **DOCUMENT # G48833**

1. Corporation Name

Principal Place of Business

KING'S BOAT STORE, INC.

385 E. DONEGAN AVE. KISSIMMEE FL 34744		385 E. DONEGAN AVE. KISSIMMEE FL 34744				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
						07/08/1983	
2. Principal Place of Business 2a. Mailing Address					<del></del> ·	4. FEI Number Applied For	
26						59-2303832 Not Applicable	
Suite, Apt.	Suite, Apt. #, etc.	. #, etc.			\$8.75 Additional		
<u>.</u>		27				5. Certificate of Status Desired Fee Required	
City & Stat	ė	City & State	City & State			6. Election Campaign Financing \$5.00 May Be	
3 28						Trust Fund Contribution Added to Fees	
Zip			_ Соц	ntry		8. This corporation owes the current year Intangible	
4	25	29 30	1			Personal Property Tax. Yes STNo	
	9. Name and Address of Curre	nt Registered Agent		-41	r	10. Name and Address of New Registered Agent	
121016	0.0000411.4			81	Name		
KING, DEBORAH A			82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
385 E. DONEGAN AVENUE							
KISSIMMEEE FL 34744				83			
				84	City	85 Zip Code	
					1	rporation submits this statement for the purpose of changing its registered	
agent. I a	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  DATE						
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 11	TLE		Change Addition	
NAME	KING, TIMOTHY A.	1.2 N		AME			
STREET ADDRESS	385 E. DONEGAN AVE.	1.3 \$		TREET	T ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL			TY-S	T-ZIP		
TITLE	VPD	PD □ DELETË 2.1 TI		TLE		Change Addition	
NAME	KING, DEBORAH A.		2.2 N	AME			
STREET ADDRESS	385 E. DONEGAN AVE.		2.3 S	TREET	T ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 2.40		ITY-S	ST-ZIP			
TITLE	☐ DELETE 3.1 T		TLE		Change Addition		
NAME			3.2 N	AME	)		
STREET ADDRESS			3.3 S	TREET	TADDRESS		
CITY-ST-ZIP			3.4. C	ITY-S	ST-ZIP		
TITLE	1	☐ DELETE	4,1 TI			☐ Change ☐ Addition	
NAME			4. 2 N	IAME	İ		
STREET ADDRESS			4.3 STREET ADDRESS		T ADDRESS		
CITY-ST-ZIP			4.4 C	TY-S	T-ZIP		
TITLE			5.1 TI			☐ Change ☐ Addition	
NAME			5.2 N				
STREET ADDRESS					TADDRESS		
CITY-ST-ZIP			_		T-ZIP		
TITLE	)	☐ DELETE	6.1 T		1	☐ Change ☐ Addition	
NAME	]		6.2 N		J		
STREET ADDRESS			6.3 S	TREET	T ADDRESS		

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 inchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE: ICER OR DIRECTOR