

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90169 031 ***150.00

DOCUMENT # G77358

1. Corporation Name

KINGS RIDGE 239 INC.

Principal Place of Business

% KINGS RIDGE 239 INC.
P.O. BOX 24435
FT. LAUDERDALE FL 33307

Mailing Address

% KINGS RIDGE 239 INC.
P.O. BOX 24435
FT. LAUDERDALE FL 33307

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/05/1984

4. FEI Number

59-2420220

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

MAY, GEORGE, SR.
2840 FOXHALL DRIVE EAST
WEST PALM BEACH FL 33417

4136 GULFSTREAM RD
LAKE WORTH FL
33461

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME
PVS
MAY, GEORGE
STREET ADDRESS
2840 FOXHALL DRIVE EAST
CITY-STATE-ZIP
WEST PALM BEACH FL

TITLE ☒ DELETE

NAME
MAY, GEORGE
STREET ADDRESS
2840 FOXHALL DRIVE EAST
CITY-STATE-ZIP
WEST PALM BEACH FL

TITLE ☐ DELETE

NAME
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CITY-STATE-ZIP

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NAME
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CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

NAME
PVS
MAY, GEORGE
STREET ADDRESS
4136 GULFSTREAM RD
CITY-STATE-ZIP
LAKE WORTH FL 33461

2.1 TITLE ☒ Change ☐ Addition

NAME
MAY, GEORGE
STREET ADDRESS
4136 GULFSTREAM RD
CITY-STATE-ZIP
LAKE WORTH FL 33461

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)