FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

[illegible] 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G88579 (9)

1. Corporation Name

KING'S BAY INVESTMENTS, INC.

Principal Place of Business	Mailing Address
753 N CITRUS AVE PO BOX 2290 CRYSTAL RIVER FL 34423 US	753 N CITRUS AVE PO BOX 2290 CRYSTAL RIVER FL 34423 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business — 21 / 22 Suite, Apt. # etc. / 23 City & State / 24 Zip / 25 Country

2a. Mailing Address — 26 / 27 Suite, Apt. # etc. / 28 City & State / 29 Zip / 30 Country

3. Date Incorporated or Qualified: 03/02/1984

3a. Date of Last Report: 03/14/1994

4. FEI Number: 59-2379951 ☐ 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. [illegible] Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PRICE, PHILLIP W. C.P.A.
753 N CITRUS AVE
CRYSTAL RIVER FL 34423

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	WADE, FLOYD F.
STREET ADDRESS	753 N CITRUS AVE
CITY-ST-ZIP	CRYSTAL RIVER FL
TITLE	S
NAME	WADE, PATRICIA
STREET ADDRESS	753 N CITRUS AVE
CITY-ST-ZIP	CRYSTAL RIVER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

(Six blank entries: TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP, each with ☐ Change ☐ Addition)

14. I the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07 [illegible], Florida Statutes. I further certify that the information indicated on the 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: Floyd F. Wade, President — [signature] 4-[illegible] — 904-795-6118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0351706 CP