PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

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

04-29-1999 90008 021 ***150.00

DOCUMENT # H10932 1. Corporation Name CHARLEY KING, JR., INC. Principal Place of Business Mailing Address C/O CHARLEY KING 209 NW 8TH ST POST OFFICE BOX 363 CHIEFLIND FL 32644 DO NOT WRITE IN THIS SPACE CHIFELAND FL 32626 US US 3. Date Incorporated or Qualifed 07/05/1984 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2434121 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired П Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Zip Cou itry Zip 8. This corporation owes the current year Intangible X No 30 Personal Property Tax. 25 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KING, CHARLES P JR Street Address (P.O. Box Number is Not Acceptable) 82 209 NW 8TH ST CHIEFLND FL 32644 83 84 85 Zip Code City 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 (NO: E: Registered Agent signature required when reinstating Signature, typed or printed n me of registered agen and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition ☐ DELETE 1.1 TITLE TITLE KING, CHARLES P JR 1.2 NAME NAME 209 N.W. 8TH STREET STREET ADDRUSS 1.3 STREET ADDRESS CHIEFLND FL 32644 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 2.1 TITLE TITLE 22 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-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.

NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)