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Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # H19650

1. Corporation Name
JACK KING & ASSOCIATES, INC.



Principal Place of Business

4130 MIZNER CIR. S.
 JACKSONVILLE FL 32217
 US

Mailing Address

4130 MIZNER CIR. S.
 JACKSONVILLE FL 32217
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/05/1984

4. FEI Number

59-2444051

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

KING, JACK H.
 6740 EPPING FOREST WAY N
 #107
 JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent

81 Name KING Jack H.
 82 Street Address (P.O. Box Number is Not Acceptable) 4130 Mizner Cir. S.
 83
 84 City JACKSONVILLE FL 85 Zip Code 32217

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 *Jack H. King*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 3/4/99

12. OFFICERS AND DIRECTORS

TITLE PST
 NAME KING, JACK H.
 STREET ADDRESS 8626 BAYMEADOWS ROAD
 CITY-ST-ZIP JACKSONVILLE FL

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
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 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PST
 1.2 NAME KING, Jack H.
 1.3 STREET ADDRESS 4130 Mizner Cir. S.
 1.4 CITY-ST-ZIP JACKSONVILLE FL 32217

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

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:

Jack H. King
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/4/99

904-443-6171

CR2E034 (11/98)