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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # H87968 (4)

1. Corporation Name

King Kool, Inc.

Principal Place of Business	Mailing Address
c/o Harold K. Smith 2431 S. Orange Blossom Tr. Apopka, FL 32703	c/o Harold K. Smith 2431 S. Orange Blossom Tr. Apopka, FL 32703

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/04/1985

2. Principal Place of Business
21 550 S. Highland Street
22 Suite, Apt. #, etc.
23 City & State: Mt. Dora, FL
24 Zip: 32757 25 Country: USA

2a. Mailing Address
26 550 S. Highland Street
27 Suite, Apt. #, etc.
28 City & State: Mt. Dora, FL
29 Zip: 32757 30 Country: USA

4. FEI Number: 59-2885886 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Smith, Harold K.
2431 S. Orange Blossom Trail
Apopka, FL 32703

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 550 S. Highland Street
83
84 City: Mt. Dora FL 85 Zip Code: 32757

11. Pursuant to the provisions of Section 607.0505 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 _____ (Note: Registered Agent Signature Required when reinstating) DATE

12. DELETE OFFICERS AND/OR DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	Smith, Harold K.		12 NAME		
STREET ADDRESS	2431 S. Orange Blossom Trail		13 STREET ADDRESS	550 S. Highland Street	
CITY-ST-ZIP	Apopka, FL 32703		14 CITY-ST-ZIP	Mt. Dora, FL 32757	
TITLE		☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME			22 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP			24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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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 added to the report with an address.

SIGNATURE: _____ Harold K. Smith 4/20/98 (852)735-5557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #