

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 AM 11:16

DOCUMENT # **J09022** (1)

1. Corporation Name
KING ORNAMENTAL, INCORPORATED

Principal Place of Business Mailing Address
490 SMITH STREET 490 SMITH STREET
BROOKSVILLE FL 34601 BROOKSVILLE FL 34601

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/14/1986	3a. Date of Last Report 04/26/1994
4. FEI Number 59-2683174	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent
GERMANN, GEORGE M.
COLONIAL PARK, STE.C
5151 COMMERCIAL WAY
SPRING HILL FL 34606

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 _____ (OFFICER/DIRECTOR) _____ (REGISTERED AGENT)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, E. ROBT.	1.2 NAME	
STREET ADDRESS	490 SMITH STREET	1.3 STREET ADDRESS	
CITY ST. ZIP	BROOKSVILLE FL	1.4 CITY ST. ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTLESKI, STEPHEN J.	2.2 NAME	
STREET ADDRESS	490 SMITH STREET	2.3 STREET ADDRESS	
CITY ST. ZIP	BROOKSVILLE FL	2.4 CITY ST. ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, FRANCES	3.2 NAME	
STREET ADDRESS	490 SMITH STREET	3.3 STREET ADDRESS	
CITY ST. ZIP	BROOKSVILLE FL	3.4 CITY ST. ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST. ZIP		4.4 CITY ST. ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST. ZIP		5.4 CITY ST. ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST. ZIP		6.4 CITY ST. ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(9)(A), 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 187, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *J. Frances King - Frances King* **JAN 10 1995** **904-799-0433**
SIGNATURE AND TYPED ON PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR