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

95 APR 27 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J94494** **(8)**

1. Corporation Name

KINGS ROAD HUNT CLUB, INC.

Principal Place of Business	Mailing Address
C/O HEWITT J. DUPONT 912 S. RIDGEWOOD AVE., SUITE D DAYTONA BEACH FL 32114	C/O HEWITT J. DUPONT 912 S. RIDGEWOOD AVE., SUITE D DAYTONA BEACH FL 32114

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/29/1987**
3a. Date of Last Report: **04/21/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **59-2849363** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22 / 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23 / 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 / Country — 25 / Zip — 29 / Country — 30
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DUPONT, HEWITT J.
912 S. RIDGEWOOD AVE., SUITE D
DAYTONA BEACH FL 32114

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	DUPONT, HEWITT J.	12 NAME	
STREET ADDRESS	823 VALENCIA RD.	13 STREET ADDRESS	
CITY-ST-ZIP	SOUTH DAYTONA FL	14 CITY-ST-ZIP	
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	BANKS, WAYNE	22 NAME	
STREET ADDRESS	P.O. BOX 353008, NA	23 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL	24 CITY-ST-ZIP	
TITLE	DVP	31 TITLE	☐ Change ☐ Addition
NAME	MALLORY, DUANE	32 NAME	
STREET ADDRESS	5102 JOHN ANDERSON BLDG.	33 STREET ADDRESS	
CITY-ST-ZIP	FLGLER BCH FL	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	SMITH, CLINTON	42 NAME	
STREET ADDRESS	6 BLAKETOWN PL	43 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	REVELS, GEORGE	52 NAME	
STREET ADDRESS	P.O. BOX 523, NA	53 STREET ADDRESS	
CITY-ST-ZIP	BUNNELL FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	BEMBRY, L.C.	62 NAME	
STREET ADDRESS	P.O. BOX 916, NA	63 STREET ADDRESS	
CITY-ST-ZIP	BUNNELL FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Hewitt J. Dupont — 2-11-95 — (904) 257-2425
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #

HEWITT J. DUPONT

0007800 CP