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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 10 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K58054

(3)

KING'S MOVING, INC.

11110	moving, mo							
Principal Place	e of Business	Mailing Add	Mailing Address					
% RITA M. KING			A M. KING DONCASTER RD. RWATER FL 34624-6525					
						 Date Incorporated or Qualified 01/13/1989 	3a. Date of Last Report 04/25/1996	
<u> </u>	lace of Business	2a. Mailing A	Address			4. FEI Number	Applied For	
Suite. Apt.	# rdc	26 Suite An	pl. #, etc.			59-2925081	Not Applicable	
City & State		27	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23		City & Sta	ate		-	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Z ⊕	Country	Zip	_	Countr	ry		or intangible tax under s. 199.032,	
24	25 9, Name and Address of Cur	29		30		Florida Statutes	Yes No	
L'INI/	***************************************	tetit uedisteten wäe	3100		1 Name	10. Name and Address of New F	registered Agent	
KING, RITA M. 1725 DONCASTER RD								
	ARWATER FL 34624		82 Street Ad		Address (P.O. Box Number is Not Accept	able)		
				84			85 Zip Code	
						corporation submits this statement for the		
SIGNATURE	Styrature, type 3 or printed name of registered	d agunt and into if applicable AND DIRECTORS			gent signature	poration's board of directors. I hereby according to the second of the s	3/3/97. FICERS AND DIRECTORS IN 12 Change Addition	
NAME	KING, RITA M.	_	_ bearing	1.2 NAME		1	L.) Offenge L.) Addition	
STREET ADDRESS	1725 DONCASTER RD.				ET ADDRESS			
COLY-S1-ZIP	CLEARWATER FL			1.4 CITY-				
TITLE	D	L	DELETE	2.1 TITLE			☐ Change ☐ Addition	
NAME	KING, RITA M.			2.2 NAME			!	
STREET ADDRESS	1725 DONCASTER RD. CLEARWATER FL			•	ET ADORESS			
City-St-ZiP Title	ULEANWAIEN FL	T	DELETE	2. 4 CiTY- 3.1 TITLE			Change Addition	
NAME	l	•		3.2 NAME			C Officials C Administra	
STREET ADDRESS				1	ET ADDRESS			
C/TY - ST - Z/P				3.4. CITY-	- ST - ZIP			
THLE			DELETE	4.1 TITLE			Change Addition	
NAME				4. 2 NAME	E			
STREET ADDRESS					ET ADDRESS			
City - ST - 7IP Title	The state of the s		DELETE	4.4 CITY-		***************************************	Change D Addition	
NAME		_] Derest	5 1 TITLE 5 2 NAME	i		Change Addition	
STREET ADDRESS					ET ADDRESS			
CITY - ST - ZIP				54 CITY-	į			
TULE			DELETE	61 TITLE			Change Addition	
NAME				6.2 NAME				
STREET ADDRESS				63 STREE	ET ADDRESS			
CITY - S1 - ZIP				64 CiTY-				
informatici Lami ari of	n indicated on this annual report c	or supplemental annu ii or the receiver or fru	ual report is trui ustee empower	ue and acc ered to exe	has stenu	lated in Section 119.07(3)(i), Florida Statu that my signature shall have the same leg eport as required by Chapter 607, Florida	aal affact as if mada undar aath, that l	

AME OF BIGNING OFFICER OR DIRECTOR