

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # L30764 (9)**

1. Corporation Name

**KINGSLEY CUSTOM HOMES, INC.**



Principal Place of Business  
**955 SANDSTONE DRIVE Sandstone**  
**ORANGE PARK FL 32065**

Mailing Address  
**955 SANDSTONE DRIVE Sandstone**  
**ORANGE PARK FL 32065**

3. Date Incorporated or Qualified  
**11/17/1989**

3a. Date of Last Report  
**09/21/1995**

2. Principal Place of Business  
**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip  
**24** Country  
**25**

2a. Mailing Address  
**26** Suite, Apt. #, etc.  
**27** City & State  
**28** Zip  
**29** Country  
**30**

4. FEI Number  
**59-2980454**

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

**EULENFELD, CHRISTINE S**  
**955 SANDSTON DRIVE**  
**ORANGE PARK FL 32065**

**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

Signature, typed or printed name of registered agent and the corporation

DATE Registered Agent signature required when registering

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	EULENFELD, CHRISTINE S	
STREET ADDRESS	955 SANDSTONE DRIVE	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	EULENFELD, LINDY E	
STREET ADDRESS	955 SANDSTONE DRIVE	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13.**

1.1 TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LINDY E EULENFELD	
1.3 STREET ADDRESS	955 Sandstone Dr.	
1.4 CITY-ST-ZIP	Orange Park Fla. 32065	
2.1 TITLE	DVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Christine S. Eulenfeld	
2.3 STREET ADDRESS	955 Sandstone Dr.	
2.4 CITY-ST-ZIP	Orange Park, Fla. 32065	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Christine S. Eulenfeld*  
**Christine S. Eulenfeld**

4/21/96

(904)2765637

CR2E034 (12/95)