FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT 企器**300



CORPORATION ANNUAL REPORT 1996		Sandra Secreta	Sandra B. Morthani Secretary of State DIVISION OF CORPORATIONS			
DOCUN 1. Corporation	MENT # L625	10 (7)		*		
DAVID	L. KING, INC.					li Bali Bibis Bibis Bibis Bibis Bibis Bibis Bibis babis sabi
Principal Place	nf Rusinese	Mailing Address				
9256 WINTERVIEW DR. NAPLES FL 33942		9256 WINTERVIEW DR. NAPLES FL 33942				
					3. Date Incorporated or Qualified 04/04/1990	3a. Date of Last Report 04/20/1995
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number	Applied For
Suita Act t	Lots	26			65-0191299	Not Applicable
Suite, Apt. #		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country Zip		Country		8. This corporation has liability for	Added to Fees intangible tax under s 199.032,
24	25	[29]	30		Florida Statutes 🕍 Yes	□No
	9. Name and Address of Cur	reili Registereo Agent	81	Name	10. Name and Address of New R	egistered Agent
KING, D	AVID I.					
	NTERVIEW DR		82	Street Add	ress (P.O. Box Number is Not Acceptab	ole)
	FL 33963		83			
			84			FL 85 Zip Code
11. Pursuant to	the provisions of Sections 607.05	602 and 607, 1508. Florida Statutes	s, the above r	amed corpo	ration submits this statement for the pur rd of directors. I hereby accept the appo	
familiar with	i, and accept the obligations of Se	ection 607,0505, Florida Statutes.	а ву въе согр	oradon's boa	rd of directors. I hereby accept the appo	ointment as registered agent. I am
SIGNATURE _	By almost period or permoderative of may be used by					
12.		AND DIRECTORS	13.	Signature, 61 page	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 10
TIFLE	PO	[] Detere	1 1 THE	· · · · T	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addit	
NAME	KING, DAVID L.		1.2 NAME			
STREET ADDRESS	9256 WINTERVIEW DR		1.3 STREET ADDRESS			
CITY - ST - ZIP	NAPLES FL		1.4 CITY - \$1 - ZIP			
TITLE		☐ DELETE	2 1 11"LE			☐ Change ☐ Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3.51816.1	ADDRESS		
CrTY - ST - ZIP			2 4 CITY - S	I - 260		
TITLE	☐ DEL€ TE		3 1 TITLE			Change Addition
NAME			3 2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY · Sf · ZIP			3.4 CI*+-S1	I - ZIP		
TITLE	DELETE		4 ! INLE			☐ Change ☐ Addition
NAME			4.2 NAME			
STREET ADDRESS		•	4.3 STREET	ADORESS		ľ
CITY - ST - ZIP		FTI Drugge	440117-51	ZIP		
TIFLE		☐ DELFTE	5 1 TITLE			Change Addition
NAME STOSEL ABURGO			52 NAME			
STREET ADURESS			53 STREET			
CITY-S1-ZIP TITLE		— — — — — — — — — — — — — — — — — — —	5.4 CITY - ST	- Z/P		-
1		☐ DELETE	5 1 THILE			Change Addition
NAME STORET ADDRESS			6.2 NAME			ł
STREET ADDRESS			6.3 STREET /	ADDRESS		

14. Do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 0/(3)(k). Florida Statutes. I further certify that the information indicated on tris annual report or supplemental insural 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 trusten 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 intachment with an address

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF STANING OFFICER OR DIRECTOR

613-516-2353