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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M86493

(7)

KINGDOM BAY BUILDERS, INC.

FILED
May 19 1997 8:00am
Secretary of State



Principal Place of Business Separate MCDONNELL 11121 HEALTH PARK BLVD. #700 NAPLES FL 33942 2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip Country		11121 HEALTH PAI NAPLES FL 34110: 2a. Mailing Addre 26	** BARBARA MCDONNELL 11121 HEALTH PARK BLVD. #700 NAPLES FL 34110-5731 2a. Mailing Address 2b Suite, Apt. #, etc. 27 City & State 28			3. Date Incorporated or Qualified 06/21/1988 4. FEI Number 65-0060077 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 3a. Date of Last Report 06/19/1996 Applied For Not Applicat \$8.75 Additional Fee Required \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30		·	Florida Statutes	Yes [] No	
	9. Name and Address of Cu	rrent Registered Agent		-:-		10. Name and Address of Ne	w Registered	Agent	
111	Donnell, Barbara 21 Health Park #700 Ples Fl 33942			81 82 83 84	Name Street Addr	ess (P.O. Box Number is Not Acci	eptable)	85 Zip	Code
11. Pursuant office or agent 1:	to the provisions of Sections 607 registered agent, or both, in this sam familiar with and accept the of the office of the offic	tate of Florida Such chang bligations of, Section 607.0	ge was authorize 1505, Florida Stat	d by lutes	the corporat	poration submits this statement for ion's board of directors. I hereby a red when reinstating)	the purpose of accept the app	changing ointment as	its registered s registered
12.		AND DIRECTORS	13,		r algratato rega-	ADDITIONS/CHANGES TO		DIRECTO	RS IN 12
TITLE NAME STREET ADORESS Offy-St-20F	DPS MCDONNELL, BARBARA 11121 HEALTH PARK BLVD NAPLES FL	. #700	1.2 N/ 1.3 ST 1.4 CF	AME IREET A	ADDRESS - ZIP			☐ Change	☐ Addition
NAME STREET ADDRESS City St. Zip Title] DE	2.2 N/ 2.3 SI 2.4 C	AME TREET /	ADDRESS T-ZIP			Change	Addition
NAME STREET ADDRESS CHTY-ST-ZIP			32 N 3.3 SI 3.4. C	ame Treet /	ADORESS 1-Zip		·		
THE NAME STREET ADDRESS CITY SEZIP		∐ D€≀	4. 2 N 4.3 ST	IAME	ADDRESS .			Change	Addition
TITLE NAME STREET ADDRESS OF STUZE		OE:	5,2 N 5.3 S	AME	ADDRESS			Change	☐ Addilion
THE NAME STREET ADDRESS CHY-SI-7P		DEI	ETE 6.1 TI 6.2 N 6.3 S	TLE AME	ADDRESS		77718.00	Change	☐ Addition

14. I do hereby certify that the information supplied with this filing 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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 m 20

Daytime Phone #