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Feb 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M89116 (1)

1. Corporation Name
KING PROPERTY MANAGEMENT SERVICES, INC.



Principal Place of Business

1839 JAMAICA WAY
P.O. BOX 1388
PUNTA GORDA FL 33950

Mailing Address

1839 JAMAICA WAY
P.O. BOX 1388
PUNTA GORDA FL 33950-5156

3. Date Incorporated or Qualified 06/28/1988
3a. Date of Last Report 05/01/1996

2. Principal Place of Business

21 3900 Acline Road

Suite, Apt. #, etc. P.O. Box 1388

22 City & State PUNTA GORDA, FL

23 Zip 33951

Country USA

2a. Mailing Address

26 3900 Acline Rd.

Suite, Apt. #, etc. P.O. Box 1388

27 City & State PUNTA GORDA, FL

28 Zip 33951

Country USA

4. FEI Number 65-0073428
Applied For Not Applicable

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

KING, SANDRA W.
1839 JAMAICA WAY
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81 Name KING, SANDRA W.
82 Street Address (P.O. Box Number is Not Acceptable) 3416 Peace River Dr.
83 PUNTA GORDA P.O. Box 1388
84 City PUNTA GORDA FL 85 Zip Code 33980

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	KING, SANDRA W.	
STREET ADDRESS	1839 JAMAICA WAY	
CITY - ST - ZIP	PUNTA GORDA FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	HUCKEY, PAMELA K.	
STREET ADDRESS	ARGO RD	
CITY - ST - ZIP	PUNTA GORDA FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	HAAD, DEBORAH K.	
STREET ADDRESS	3900 ACLINE RD.	
CITY - ST - ZIP	PUNTA GORDA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3416 Peace River Dr.
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 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 or changed, or on an attachment with an address.

SIGNATURE: Sandra W. King SANDRA W. KING 2/16/97 941-639-6470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day: no Phone #

CR2E034 (9/96)