

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Sep 23 1998 8:00am
Secretary of State

DOCUMENT # N94000003557 (5)

1. Corporation Name

THE THREE KINGS DAY, INC.

Principal Place of Business

Mailing Address

3603 S. CONWAY RD.
ORLANDO FL 32812

3603 S. CONWAY RD.
ORLANDO FL 32812

3. Date Incorporated or Qualified

07/15/1994

4. FEI Number

59-3388722

☒ Applied For
☐ Not Applicable

2. Principal Place of Business

21 3328 S. SEMORAN BLVD

2a. Mailing Address

26 SAME AS ABOVE

Suite, Apt. #, etc.

22 4

Suite, Apt. #, etc.

City & State

23 ORLANDO FLA.

City & State

Zip

24 32822

Country

25

Zip

29

Country

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PLASENCIA, RENE
~~3603 S. CONWAY RD.~~
~~ORLANDO FL 32812~~

3328 S. SEMORAN BLVD
APT 4
ORL. FL. 32822

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Rene Plascencia
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/8/98

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME PLASENCIA, RENE
STREET ADDRESS 4227 GATLIN GROVE DR.
CITY-ST-ZIP ORLANDO FL 32812

SAME AS
ABOVE

TITLE D ☐ DELETE

NAME LABORDE, LUCY
STREET ADDRESS 4227 GATLIN GROVE DR.
CITY-ST-ZIP ORLANDO FL 32812

SAME AS
ABOVE

TITLE D ☐ DELETE

NAME SANCHEZ, SUSAN P
STREET ADDRESS 4464 SALVA DR.
CITY-ST-ZIP ORLANDO FL 32812

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

8000002650188
-09/28/98--01068--048
***\$1.25

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

9/23

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: RENE PLASENCIA Rene Plascencia

9/8/98 407-381-5310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)