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FILED

May 19 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **N96000004550 (7)**

1. Corporation Name

KONIGSWORT INCORPORATED



Principal Place of Business

Mailing Address

**2528 65TH AVENUE, NORTH
ST. PETERSBURG FL 33702**

**2528 65TH AVENUE, NORTH
ST. PETERSBURG FL 33702-5638**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

33710

30

Pinellas

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SOROTA, JOSEPH J JR.
28100 U.S. HIGHWAY 19 NORTH
SUITE 404
CLEARWATER FL 34621**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|--------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | NEUMEIER, RICHARD D | |
| STREET ADDRESS | 2528 65TH AVENUE, NORTH | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33702 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | NEUMEIER, DEBRA A | |
| STREET ADDRESS | 2528 65TH AVENUE, NORTH | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33702 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | COSTON, STEPHEN A SR | |
| STREET ADDRESS | 7245 34TH AVENUE, NORTH | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33710 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | COSTON, LEIGH A | |
| STREET ADDRESS | 7245 34TH AVENUE, NORTH | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33710 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|--------------------|------------|--|
| 1.1 TITLE | P/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | T/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | V/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | S/D | <input type="checkbox"/> Change <input checked="" 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE **Richard D. Neumeier** **Richard D. Neumeier** **4-28-97** **813-892-5351**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0048680**

CR2E037 (9/96)