


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 01 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 | 7245 34TH AVE N ST. PETERSBURG FL 33710 US |

| | |
|-----------------------------------|----------------|
| 3. Date Incorporated or Qualified | 08/30/1996 |
| 4. FEI Number | 59-3399582 |
| Applied For | Not Applicable |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 7528 65 TH AVE. N. |
| 22 City & State | 27 Suite, Apt. #, etc. |
| 23 City & State | 28 St. Petersburg, FL. |
| 24 Zip | 29 33702 |
| 25 Country | 30 U.S. |

| | |
|---|---|
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| | |
|---|--|
| 9. Name and Address of Current Registered Agent | |
| SOROTA, JOSEPH J JR. 28100 U.S. HIGHWAY 19 NORTH SUITE 404 CLEARWATER FL 34621 | |

| | |
|---|----|
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|-------------------------|
| TITLE | PD |
| NAME | NEUMEIER, RICHARD D |
| STREET ADDRESS | 2528 65TH AVENUE, NORTH |
| CITY-ST-ZIP | ST. PETERSBURG FL |
| TITLE | TD |
| NAME | NEUMEIER, DEBRA A |
| STREET ADDRESS | 2528 65TH AVENUE, NORTH |
| CITY-ST-ZIP | ST. PETERSBURG FL |
| TITLE | VD |
| NAME | COSTON, STEPHEN A SR |
| STREET ADDRESS | 7245 34TH AVENUE, NORTH |
| CITY-ST-ZIP | ST. PETERSBURG FL |
| TITLE | SD |
| NAME | COSTON, LEIGH A |
| STREET ADDRESS | 7245 34TH AVENUE, NORTH |
| CITY-ST-ZIP | ST. PETERSBURG FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---------------------------|
| 1.1 TITLE | D |
| 1.2 NAME | Thomas, Jon K |
| 1.3 STREET ADDRESS | 11677 8th LAKE N. Apt # 4 |
| 1.4 CITY-ST-ZIP | St. Petersburg, FL. 33716 |
| 2.1 TITLE | D |
| 2.2 NAME | Wilmetth, Lenard |
| 2.3 STREET ADDRESS | 11250 106th St N. |
| 2.4 CITY-ST-ZIP | 69190, FL. 34643 |
| 3.1 TITLE | D |
| 3.2 NAME | Grimes, Patti J |
| 3.3 STREET ADDRESS | 6355 B Drive S. |
| 3.4 CITY-ST-ZIP | Battle Creek, MI. 49017 |
| 4.1 TITLE | |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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: *Richard D. Neumeier* 5-26-98

CR2E037 (10/97)