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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90077 013 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000006920

1. Corporation Name

THE KING'S STOREHOUSE, INC.

Principal Place of Business
1078 S FERDON BLVD. STE B
CRESTVIEW FL 32536

Mailing Address
1078 S FERDON BLVD. STE B
CRESTVIEW FL 32536



2. Principal Place of Business 21 1020 S. FERDON Blvd. Suite, Apt. #, etc. 22 The MADISON Bld. City & State 23 CRESTVIEW FL Zip 24 32536 Country 25 OKALOOSA	2a. Mailing Address 26 1020 S FERDON Blvd Suite, Apt. #, etc. 27 The MADISON Bld. City & State 28 CRESTVIEW FL Zip 29 32536 Country 30 OKALOOSA	3. Date Incorporated or Qualified 12/12/1997 4. FEI Number APPLIED FOR 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
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9. Name and Address of Current Registered Agent

WELTON & WILLIAMSON P.A.
1078 S FERDON BLVD, STE B
CRESTVIEW FL 32536

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELTON, MARK	1.2 NAME	
STREET ADDRESS	1078 S FERDON BLVD, STE B	1.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL 32536	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMSON, A WAYNE	2.2 NAME	
STREET ADDRESS	1078 S FERDON BLVD, STE B	2.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL 32536	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORTON, GEORGE	3.2 NAME	
STREET ADDRESS	6115 E. DAVIS HWY, APT. 28A	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32504	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULENBERG, LEONARD	4.2 NAME	
STREET ADDRESS	2271 HWY 280 EAST	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/18/99

Date

Daytime Phone #

CR2E037 (11/98)