

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 8:53

DOCUMENT # **P23062** (3)

1. Corporation Name
KINGSDOWN, INCORPORATED

Principal Place of Business Mailing Address
126 W. HOLT STREET **126 W. HOLT STREET**
MEBANE NC 27302 **MEBANE NC 27302**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/21/1989** 3a. Date of Last Report **03/16/1994**

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.

4. FEI Number **56-0319850** Applied For
Not Applicable

22 City & State 27 City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 Zip 28 Zip

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Country 25 Country 29 Country 30 Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
VICKNESS, STEVE
1831 S.W. 51 TERRACE
PLANTATION FL 33317

10. Name and Address of New Registered Agent
81 Name **Joseph L. Stuart, Jr.**
82 Street Address (P.O. Box Number is Not Acceptable) **1948 LK Heritage Circle #836**
83
84 City **Orlando** 85 Zip Code **FL 32839**

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 Joseph Louis Stuart Jr. DATE **3/13/95**
(Signature of agent or certified officer of registered agent and title if applicable) (NOTE: Registered agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HINSHAW, WALTER ERIC
STREET ADDRESS	126 W. HOLT ST.
CITY- ST- ZIP	MEBANE NC
TITLE	VT
NAME	MCLAMB, GEORGE T.
STREET ADDRESS	126 W. HOLT ST.
CITY- ST- ZIP	MEBANE NC
TITLE	AS
NAME	MCLAMB, GEORGE T.
STREET ADDRESS	126 W. HOLT ST.
CITY- ST- ZIP	MEBANE NC
TITLE	S
NAME	CARTER, SARA W.
STREET ADDRESS	126 W. HOLT ST.
CITY- ST- ZIP	MEBANE NC
TITLE	V
NAME	FULP, WILLIAM W.
STREET ADDRESS	126 W. HOLT ST.
CITY- ST- ZIP	MEBANE NC
TITLE	V
NAME	MCLEAN, THOMAS I.
STREET ADDRESS	126 W. HOLT ST.
CITY- ST- ZIP	MEBANE NC

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	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information contained 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 treasurer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my return appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George T. McLamb DATE **3-17-95** 419-563-3531
(Signature and typed or printed name of signing officer or director)