

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P23062** (3)

1. Corporation Name  
**KINGSDOWN, INCORPORATED**



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

3. Date Incorporated or Qualified: **02/21/1989**  
3a. Date of Last Report: **03/30/1995**

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.	4. FEI Number <b>56-0319850</b>	Applied For <input type="checkbox"/> Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
25. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STUART, JOSEPH L JR  
1948 LK HERITAGE CIRCLE  
SUITE 836  
ORLANDO FL 32839**

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature is the printed name of the person or persons to be applied. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HINSHAW, WALTER ERIC	
STREET ADDRESS	126 W. HOLT ST.	
CITY, ST, ZIP	MEBANE NC	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	MCLAMB, GEORGE T.	
STREET ADDRESS	126 W. HOLT ST.	
CITY, ST, ZIP	MEBANE NC	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MCLAMB, GEORGE T.	
STREET ADDRESS	126 W. HOLT ST.	
CITY, ST, ZIP	MEBANE NC	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CARTER, SARA W.	
STREET ADDRESS	126 W. HOLT ST.	
CITY, ST, ZIP	MEBANE NC	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FULP, WILLIAM W.	
STREET ADDRESS	126 W. HOLT ST.	
CITY, ST, ZIP	MEBANE NC	
TITLE	V	<input type="checkbox"/> DELETE
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 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra B. Mortham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (12/95)