

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Mar 18 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 27302-2622
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3. Date Incorporated or Qualified 02/21/1989	3a. Date of Last Report 02/09/1996
4. FEI Number 56-0319850	Applied For Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent

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

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

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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information set forth 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: *[Signature]* **3-11-97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)