

FILED
Jul 21, 1999 8:00 am
Secretary of State

07-21-1999 90014 039 ***550.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750)

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P23062 ✓
 1. Corporation Name
KINGSDOWN, INCORPORATED

608905 - 90003 - 2



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3440 CRAFTSMAN BLVD Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 02/21/1989	4. FEI Number 56-0319850	Applied For Not Applicable
22 City & State 23 LAKELAND FL	27 City & State	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	
24 Zip 33803 25 Country US	29 Zip 30 Country	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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 MICHAEL N. GLOMS 82 Street Address (P.O. Box Number is Not Acceptable) 3440 CRAFTSMAN BLVD 83 84 City LAKELAND FL 85 Zip Code 33803
--	---

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 *Michael N. Gloms* DATE 8-10-99
Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME HINSHAW, WALTER ERIC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 126 W. HOLT ST.	CITY-ST-ZIP MEBANE NC	1.2 NAME	
TITLE VT	NAME MCLAMB, GEORGE T.	1.3 STREET ADDRESS	
STREET ADDRESS 126 W. HOLT ST.	CITY-ST-ZIP MEBANE NC	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE AS	NAME MCLAMB, GEORGE T.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 126 W. HOLT ST.	CITY-ST-ZIP MEBANE NC	2.2 NAME	
TITLE S	NAME CARTER, SARA W.	2.3 STREET ADDRESS	
STREET ADDRESS 126 W. HOLT ST.	CITY-ST-ZIP MEBANE NC	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V	NAME FULP, WILLIAM W.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 126 W. HOLT ST.	CITY-ST-ZIP MEBANE NC	3.2 NAME	
TITLE V	NAME MCLEAN, THOMAS I.	3.3 STREET ADDRESS	
STREET ADDRESS 126 W. HOLT ST.	CITY-ST-ZIP MEBANE NC	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Charles C. Bynum* DATE 7-9-99 DAYTIME PHONE # 919-563-3531 x105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZE034 (5/99)