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FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90057 030 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000000017

1. Corporation Name

KING ORANGE APARTMENTS, INC.

Principal Place of Business

104 NE CARLISLE LANE  
PORT ST LUCIE FL 34952

Mailing Address

104 NE CARLISLE LANE  
PORT ST LUCIE FL 34952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1992

4. FEI Number

65-0388684

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 2514 Oleander Ave

2a. Mailing Address

26 2514 Oleander Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Ft Pierce, FL

City & State

28 Ft Pierce, FL

Zip

24 34982

Country

Zip

29 34982

Country

30

9. Name and Address of Current Registered Agent

ERNSBERGER, R D  
104 NE CARLISLE LANE  
PORT ST LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 2514 Oleander Ave

84 City

Ft Pierce

FL

85 Zip Code

34982

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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Roger Ernsberger* DST

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/15/99

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME ERNSBERGER, R D  
STREET ADDRESS 104 NE CARLISLE LANE  
CITY-ST-ZIP PORT ST LUCIE FL

TITLE DST ☐ DELETE

NAME ERNSBERGER, VIRGINIA M  
STREET ADDRESS 104 NE CARLISLE LANE  
CITY-ST-ZIP PORT ST LUCIE FL

TITLE VP ☐ DELETE

NAME ERNSBERGER, R PAUL  
STREET ADDRESS 104 CARLISLE LANE  
CITY-ST-ZIP PT ST LUCIE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2514 Oleander Ave  
Ft Pierce, FL 34982

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

2514 Oleander Ave  
Ft Pierce, FL 34982

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

2514 Oleander Ave  
Ft Pierce, FL 34982

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 607, 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:

*Roger Ernsberger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99 561-595-6871  
Date Daytime Phone #

CR2E034 (11/98)