FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
'95 APR 19 AM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000036880 (1)

1. Corporation Name
S.A. KING CORP.

Principal Place of Business	Mailing Address
4107-G ROSE LAKE DR CHAROLOTTE NC 28217 US	4107-G ROSE LAKE DR CHAROLOTTE NC 28217 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/19/1993
3a. Date of Last Report: 03/02/1994

2. Principal Place of Business	2a. Mailing Address
21 4800 West Blvd.	26 4800 West Blvd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Charlotte, NC	City & State 28 Charlotte, NC
Zip / Country 24 28208 / 25 USA	Zip / Country 29 28208 / 30 USA

4. FEI Number: 65-0409672 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BAKER, MICHAEL L 2453 BEE RIDGE RD. SARASOTA FL 34239	81 Name: Joseph Plaia 82 Street Address (P.O. Box Number is Not Acceptable): 114 Harborside Circle 83 84 City: Largo FL 85 Zip Code: 34643

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 Plaia 3-30-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	KING, STEVEN A	1.2 NAME	Kissick, Joseph A.	
STREET ADDRESS	2209-J YAGER CREEK DR	1.3 STREET ADDRESS	1308 Hunterswood Dr.	
CITY-ST-ZIP	CHARLOTTE NC	1.4 CITY-ST-ZIP	Winston-Salem, NC 27104	
TITLE	D	2.1 TITLE	C/D	☒ Change ☐ Addition
NAME	BERLIN, FRANK G SR	2.2 NAME	Gwinn, Robert P.	
STREET ADDRESS	435 S. GULFSTREAM AVENUE	2.3 STREET ADDRESS	144 Fairbank Rd.	
CITY-ST-ZIP	SARASOTA FL 34236	2.4 CITY-ST-ZIP	Riverside, IL 60546	
TITLE	S	3.1 TITLE	S/T/D	☒ Change ☐ Addition
NAME	GWINN, ROBERT	3.2 NAME	Landstorm, Bertile E.	
STREET ADDRESS	144 FAIRBANK RD	3.3 STREET ADDRESS	1222 Golf Lane	
CITY-ST-ZIP	RIVERSIDE IL	3.4 CITY-ST-ZIP	Wheaton, IL 60187	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Joseph A. Kissick 3/28/95 704 359 9555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0360000 FP