

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000058100 (7)

1. Corporation Name

KING CUT OF JACKSONVILLE, INC.



Principal Place of Business

1003 N EDGEWOOD AVE
JACKSONVILLE FL 32205

Mailing Address

1003 N EDGEWOOD AVE
JACKSONVILLE FL 32205

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

25

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/16/1993

3a. Date of Last Report

04/27/1995

4. FEI Number

59-3194350

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

10. Name and Address of New Registered Agent

81

Name

HESHAM A. Shata

82

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

7061 Old Kings Rd S #172

83

City

JAX

FL

84

Zip Code

32217

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the applicable

DATE: Registered Agent's Signature and Date of Signature

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D

SHATA, HESHAM A
2722 UNIVERSITY BLVD W
JACKSONVILLE FL 32217

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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13.

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY - ST - ZIP

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY - ST - ZIP

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY - ST - ZIP

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY - ST - ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY - ST - ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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)(a), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-96 384-9586

CR2E034 (12/95)