

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 19 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000008170 (0)

1. Corporation Name

TAMPA NO-FAULT INSURANCE AGENCY, INC.

Principal Place of Business

1036 W. HILLSBOROUGH AVE
TAMPA FL 33603

Mailing Address

1036 W. HILLSBOROUGH AVE
TAMPA FL 33603

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/20/1994

3a. Date of Last Report

4. FEI Number

57-3219785

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This Corporation has liability for interstate tax under 5-109 (1)?

Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

State Apt # etc

22

State Apt # etc

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUAREZ, MARIO C
1036 W. HILLSBOROUGH AVE
TAMPA FL 33603

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 607.01, 607.02, and 607.03, Florida Statutes, I, the above named corporation, submit 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 Sections 607.01, 607.02, 607.03, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Officer of the Corporation)

(Signature of Registered Agent or Officer of the Corporation)

AT

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

NAME

STREET ADDRESS

CITY & STATE

ZIP

PD
SUAREZ, MARIO C
3303 W. DOUGLAS ST
TAMPA FL 33607

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY & STATE

5. ZIP

☐ Change ☐ Addition

2. TITLE

NAME

STREET ADDRESS

CITY & STATE

ZIP

VD
SUAREZ, MARIO A
12351 COVERSTONE DRIVE
TAMPA FL 33624

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY & STATE

5. ZIP

☐ Change ☐ Addition

3. TITLE

NAME

STREET ADDRESS

CITY & STATE

ZIP

STD
SUAREZ, MARY J
3303 W. DOUGLAS ST
TAMPA FL 33607

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY & STATE

5. ZIP

☐ Change ☐ Addition

4. TITLE

NAME

STREET ADDRESS

CITY & STATE

ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY & STATE

5. ZIP

☐ Change ☐ Addition

5. TITLE

NAME

STREET ADDRESS

CITY & STATE

ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY & STATE

5. ZIP

☐ Change ☐ Addition

6. TITLE

NAME

STREET ADDRESS

CITY & STATE

ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY & STATE

5. ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this report is verifiably correct and does not qualify for the exemption stated in Sections 607.01, 607.02, 607.03, Florida Statutes. Further, I certify that the information included in 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. I am an officer or director of this 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 1, or Block 1a, of this report, or on an official form with an address.

SIGNATURE:

Mario C. Suarez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10 '95

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
CONSUMER SERVICE CENTER

DOCUMENT # P94000008496 (9)

1. Corporation Name

KING SOUND CORPORATION

2. Existing Mailing Address

19572 NW 60TH COURT
MIAMI FL 33015

3. Mailing Address

19572 NW 60TH COURT
MIAMI FL 33015

12-1101 WHITE ST, TROY, GA 30601

3. Date Incorporated or Qualified
01/24/1994

3a. Date of Last Report

2. Existing Mailing Address

21

2a. Mailing Address

26

4. FL Number

05-0454565

Against For

Not Applicable

22. Suite, Apt. #, etc.

22

27. Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23. City & State

23

28. City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24. Zip

24

25. Country

25

29. Zip

29

30. Country

30

8. This corporation has liability for interjurisdictional 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

MESA, ODDIS T
19572 NW 60TH COURT
MIAMI FL 33015

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 607.05(1) and 607.15(3), 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 607.05(5), Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent's Representative)

(Signature of Registered Agent or Registered Agent's Representative)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS
12.1 NAME STREET ADDRESS CITY, STATE, ZIP
12.2 NAME STREET ADDRESS CITY, STATE, ZIP
12.3 NAME STREET ADDRESS CITY, STATE, ZIP
12.4 NAME STREET ADDRESS CITY, STATE, ZIP
12.5 NAME STREET ADDRESS CITY, STATE, ZIP
12.6 NAME STREET ADDRESS CITY, STATE, ZIP
12.7 NAME STREET ADDRESS CITY, STATE, ZIP
12.8 NAME STREET ADDRESS CITY, STATE, ZIP

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
13.1 NAME STREET ADDRESS CITY, STATE, ZIP
13.2 NAME STREET ADDRESS CITY, STATE, ZIP
13.3 NAME STREET ADDRESS CITY, STATE, ZIP
13.4 NAME STREET ADDRESS CITY, STATE, ZIP
13.5 NAME STREET ADDRESS CITY, STATE, ZIP
13.6 NAME STREET ADDRESS CITY, STATE, ZIP
13.7 NAME STREET ADDRESS CITY, STATE, ZIP
13.8 NAME STREET ADDRESS CITY, STATE, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 11.01(2)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that the corporation shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the officer or director empowered by the corporation to report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this document on an attached sheet with a signature.

SIGNATURE: X ODDIS MESA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR