

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000011784 (3)

1. Corporation Name

THE LIFT KING OF FLORIDA, INC.

Principal Place of Business

**2709 BRANDON VIEW DRIVE
BRANDON FL 33511**

Mailing Address

**2709 BRANDON VIEW DRIVE
BRANDON FL 33511**



2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

02/09/1994

3a. Date of Last Report

05/31/1995

4. FEI Number

59-3227067

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

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**CURRY, CLIFTON C JR.
750 W. LUMSDEN ROAD
BRANDON FL 33511**

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 607.0502 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:

[Signature] Signature, typed or printed name of signing officer or director, or the name of the corporation if no officer or director is signing

[Signature] Notary Public Seal or Notary Public Signature

[Signature] Date

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | |
|---------------------------------|--|---|--|
| <input type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | P/T RYALS, MANSON 2709 BRANDON VIEW DRIVE BRANDON, FL 33511 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | V/S RYALS, JULIE 2709 BRANDON VIEW DRIVE BRANDON, FL 33511 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813/684-8529

Date/Year Phone #

CR2E034 (12/95)