

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 AUG -4 AM 10:12

DOCUMENT # P94000034976 (8)

1. Corporation Name

SOVEREIGN KNIGHTS, INC.

Principal Place of Business

Mailing Address

**P O BOX 140335
GAINESVILLE FL 32614-0335**

**P O BOX 140335
GAINESVILLE FL 32614-0335**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

05/10/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 4605 N.W. 6th Street

26 4605 N.W. 6th Street

59-3241478

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite G

27 Suite G

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23 Gainesville, Fl.

28 Gainesville, Fl.

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24 32609

Country

25 Alachua

29 32609

Country

30 Alachua

6. 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

**KING, KATHLEEN A
4605 NW 6TH ST
UNIT G
GAINESVILLE FL 32609**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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, 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
NAME
STREET ADDRESS
CITY - ST - ZIP
**DPT
KING, KATHLEEN A
4223 NW 31ST TER
GAINESVILLE FL 32606**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
☒ Change ☐ Addition
**4223 N.W. 31st Terrace
Gainesville, Fl. 32605**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DVS
KING, DANA A
4223 NW 31ST TER
GAINESVILLE FL 32606**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
☒ Change ☐ Addition
**4223 N.W. 31st Terrace
Gainesville, Fl. 32605**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP
☐ 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)(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:

Kathleen A King
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-95
Date

904-371-6139
Telephone Number