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

PROFIT



FLORIDA DEPARTMENT OF STATE

ANNUAL REPORT	Sandra B Motham  Secretary of State  DIVISION OF CORPORATIONS
DOCUMENT # P: 1. Corporation Name KING LIMOUSINE & AIRI	9400053418 (7) PORT SERVICE, INC.
Principal Place of Business	Mailing Address
5434 WATERS ROAD LAKELANE FL 33811	5434 WATERS ROAD LAKELANE FL 33811
2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	Suite, Apt #, etc.
City & State	City & State

|--|

3a. Date of Last Report 04/28/1995

Applied For

Fee Required \$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

Date Incorporated or Qualified 07/12/1994

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Nuniber 59-3270265

Zφ	Country	Zip	Sou	intry	'	s liability for intangible tax under	s 199.032,	
24	25	29	30		Florida Statutes	Yes □ No		
	9. Name and Address of Curre	nt Registered Agent			10. Name and Addre	ss of New Registered Agent		
				B1 Name				
SMITH, D				82 Street Address (P.O. Box Number is Not Acceptable)				
5434 WATERS ROAD								
LAKELAN	IE FL 33811			83				
				84 City		B5	Zıp Code	
				1 1		FL   `\	te registered office	
ar raniotara	o the provisions of Sections 607.050 ad agent, or both, in the State of Figure and empent the obligations of Sec	9.13 SUCO CHARGO WAS a	ACHURAIZED DY HIC	ove-named corp corporation's bo	oration submits this stateme pard of directors. I hereby ac	ont for the purpose of changing in cept the appointment as registe	red agent. I am	
SIGNATURE	Signarure, typed or p. 16 o traine out regions and age	net form it sometimes for	#1601F Resistance	d Agest signature requ	ward where reace fatigit	DAIE		
12.		ND D'RECTORS	13.		ADDITIONS/CHAN	GES TO OFFICERS AND DIREC		
TIFLE	0	☐ DELE	TE 1.1	TITLE		Chan	ge 🗌 Addit.on	
NAME	SMITH, DAVID		121	NAME				
STREET ADDRESS	5434 WATERS ROAD		1.3 9	STREET ADDRESS				
CITY-ST-ZIP	LAKELANE FL 33811		140	CHTY-ST ZIP			F-3 (11)	
TITLE		DELETE 2		TITLE		Change Addition		
NAME			22	NAME				
STREET ADDRESS			23	STREET ADDRESS				
CITY-ST-7IP				CHTY - S1 - ZIP		F) ()	ige Addition	
TITLE		DEL.	ETE 31	TIFLE		Char	ige   Addition	
NAME			32	NAME				
STREET ADDRESS			3.3.	STREET ADDRESS				
CITY - S1 - ZIP				CITY - ST - ZIP		Chai	nge Addition	
TITLE		☐ DEF	ETE : 41	TILE		Li Gila	ige [] Addition	
NAME				NAME				
STREET ADDRESS			: 4.3	STREET ADDRESS				
CITY-S1-ZIP				CITY - ST - ZiP			nge Addition	
TITLE		☐ DEL	1	TULE			ingo [] hosanon	
NAME	[			NAME				
STREET ADDRESS				STREET ADDRESS				
CITY - ST - ZIF	<u></u>			CITY-ST-7IP		Cha	nge [] Addition	
THILE		☐ DEI	1	1 TITLE			- <u>-</u>	
NAME				NAME				
STREET ADDRESS				STREET ADDRESS				
CITY - ST - ZIP	by certify that the information supplie		64	City-St-ZiP	if , for the eventory stated	n Section 119 07(3)(k), Florida S	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 onth, that I am an officer or director of the corporation or the receiver or trustee en powered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Brock 12 or Brock 13 if changed, or on an attachment with an address. 941-646-0478 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID M. SMITH 4/11/24

EDITOR STANKE A

DAVID M. SMITH 4/11/24

SIGNATURE: