

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000053778 (4)**

1. Corporation Name  
**ROBERT E. KING EQUIPMENT, INC.**



Principal Place of Business: **129 SO. COMMERCE AVENUE SEBRING FL 33870**  
Mailing Address: **P.O. BOX 3825 SEBRING FL 33871 US**

3. Date Incorporated or Qualified: **07/18/1994** 3a. Date of Last Report: **04/25/1995**

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>65-0503736</b>	Not Applicable
22	22. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**MCCOLLUM, JAMES F  
129 SO. COMMERCE AVENUE  
SEBRING FL 33870**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 agent 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: <b>D</b>	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>KING, ROBERT E</b>	1.2 NAME
STREET ADDRESS: <b>6814 US 27 SOUTH</b>	1.3 STREET ADDRESS
CITY-ST-ZIP: <b>SEBRING FL 33870</b>	1.4 CITY-ST-ZIP
TITLE: <input type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	2.2 NAME
STREET ADDRESS:	2.3 STREET ADDRESS
CITY-ST-ZIP:	2.4 CITY-ST-ZIP
TITLE: <input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	3.2 NAME
STREET ADDRESS:	3.3 STREET ADDRESS
CITY-ST-ZIP:	3.4 CITY-ST-ZIP
TITLE: <input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	4.2 NAME
STREET ADDRESS:	4.3 STREET ADDRESS
CITY-ST-ZIP:	4.4 CITY-ST-ZIP
TITLE: <input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	5.2 NAME
STREET ADDRESS:	5.3 STREET ADDRESS
CITY-ST-ZIP:	5.4 CITY-ST-ZIP
TITLE: <input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	6.2 NAME
STREET ADDRESS:	6.3 STREET ADDRESS
CITY-ST-ZIP:	6.4 CITY-ST-ZIP

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 amended, or on an attachment with an address.

SIGNATURE: *Robert E. King*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-24-96

941-382-7701

Date

Daytime Phone #

CR2E034 (12/95)