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Mar 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000004925 (0)

1. Corporation Name
KING & SONS TRUCKING, INC.



Principal Place of Business

RT. 2, BOX 1190
STARKE FL 32091

Mailing Address

RT. 2, BOX 1190
STARKE FL 32091-9527

3. Date Incorporated or Qualified
01/19/1995

3a. Date of Last Report
04/18/1996

2. Principal Place of Business

21 Suite Apt. # etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite Apt. # etc.

27 City & State

28 Zip Country

29 Zip Country

4. FEI Number
59-3295214

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HARDY, DUDLEY P
996 N. TEMPLE AVENUE
STARKE FL 32091

10. Name and Address of New Registered Agent

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 607.0602 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 607.0605, Florida Statutes.

SIGNATURE

Signature type (Type in name and address of the registered agent, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS
NAME: DP KING, JAMES L
STREET ADDRESS: RT. 2, BOX 1190
CITY-STATE-ZIP: STARKE FL 32091
NAME: ☐ DELETE
STREET ADDRESS: ☐ DELETE
CITY-STATE-ZIP: ☐ DELETE
NAME: ☐ DELETE
STREET ADDRESS: ☐ DELETE
CITY-STATE-ZIP: ☐ DELETE
NAME: ☐ DELETE
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NAME: ☐ DELETE
STREET ADDRESS: ☐ DELETE
CITY-STATE-ZIP: ☐ DELETE
NAME: ☐ DELETE
STREET ADDRESS: ☐ DELETE
CITY-STATE-ZIP: ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i) 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: James L King James L. King 3-15-97. (904) 964-5874
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filing Fee

0017840

CR2E034 (9/96)