

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

PROFIT
CORPORATION
ANNUAL REPORT



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

1996 *DO-96 B 1300 C*
DOCUMENT # **P95000006826 (8)**

1. Corporation Name
KING KONE, INC.



Principal Place of Business

**807 DR. MARTIN LUTHER KING JR. BLVD
SEFFNER FL 33584**

Mailing Address

**807 DR. MARTIN LUTHER KING JR. BLVD
SEFFNER FL 33584**

3. Date Incorporated or Qualified
01/23/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FET Number

Applied For
Not Applicable

59-3293981

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

23. City & State

28. City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

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

24. Zip

Country

29. Zip

Country

8. 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

**WELCH, HAROLD
807 DR. MARTIN LUTHER KING JR. BLVD
SEFFNER FL 33584**

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 607.1506, 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 of Registered Agent or Director)

(Signature of Agent or Director)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	☐ DELETE
NAME	GAGLIANO, PERRY	
STREET ADDRESS	807 DR. MARTIN LUTHER KING JR. BLVD	
CITY, ST, ZIP	SEFFNER FL 33584	
TITLE	SD	☐ DELETE
NAME	WELCH, HAROLD	
STREET ADDRESS	807 DR. MARTIN LUTHER KING JR. BLVD	
CITY, ST, ZIP	SEFFNER FL 33584	
TITLE	TD	☐ DELETE
NAME	WELCH, FRANK	
STREET ADDRESS	807 DR. MARTIN LUTHER KING JR. BLVD	
CITY, ST, ZIP	SEFFNER FL 33584	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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 changed, or in an attachment with an address.

SIGNATURE:

(Signature and Typed or Printed Name of Signing Officer or Director)

Harold A. Welch

1/16/96 6842279

CR2E034 (12/95)