

1-21-91 B-365 -C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jan 21 1997 8:00am
Secretary of State

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
02/20/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
59-3293981

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

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 607.1508 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 PD
NAME GAGLIANO, PERRY
STREET ADDRESS 807 DR. MARTIN LUTHER KING JR. BLVD
CITY-ST-ZIP SEFFNER FL 33584

☒ DELETE

TITLE SD
NAME WELCH, HAROLD
STREET ADDRESS 807 DR. MARTIN LUTHER KING JR. BLVD
CITY-ST-ZIP SEFFNER FL 33584

☐ DELETE

TITLE TD
NAME WELCH, FRANK
STREET ADDRESS 807 DR. MARTIN LUTHER KING JR. BLVD
CITY-ST-ZIP SEFFNER FL 33584

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE President
1.2 NAME Harold Welch
1.3 STREET ADDRESS 807 DR ML King Jr
1.4 CITY-ST-ZIP SEFFNER FL 33584

☒ Change ☐ Addition

2.1 TITLE Secretary - Treasurer
2.2 NAME Frank Welch
2.3 STREET ADDRESS 807 DR ML King Jr
2.4 CITY-ST-ZIP SEFFNER, FL 33584

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)