

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 # P95000015485 (2)

1. Corporation Name

DEMOKING CONSTRUCTION, INC.



Principal Place of Business

13 NORTH VANBEUREN
ORLA VISTA FL 32811

Mailing Address

13 NORTH VANBEUREN
ORLA VISTA FL 32811

3. Date Incorporated or Qualified
02/24/1995

3a. Date of Last Report
2-24-95

2. Principal Place of Business

21 13 NORTH VANBEUREN RD
Suite, Apt. #, etc.

2a. Mailing Address

26 6806 Rembrandt Dr
Suite, Apt. #, etc.

4. FEI Number

59-3296734

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

22 City & State

23 ORLA VISTA, FL 32811

27 City & State

28 ORLANDO FL

24 Zip

3281

25 Country

USA

29 Zip

32818

30 Country

USA

9. Name and Address of Current Registered Agent

HIPPENSTEEL, RON
13 NORTH VERBUEREN
ORLA VISTA FL 32811

10. Name and Address of New Registered Agent

81 Name

Robert W. Hippensteel

82 Street Address (P.O. Box Number is Not Acceptable)

6806 Rembrandt Dr

83

84 City

ORLANDO

FL

85 Zip Code

32818

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

Robert W. Hippensteel
Signature of registered agent and title if applicable

Robert W. HIPPENSTEEL

(NOTE: Registered Agent signature required when reinstating)

4/14/96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME
HIPPENSTEEL, RON
STREET ADDRESS
13 NORTH VANBEUREN
CITY-ST-ZIP
ORLA VISTA FL 32811

TITLE ☒ DELETE

NAME
HIPPENSTEEL, ROB
STREET ADDRESS
13 NORTH VANBEUREN
CITY-ST-ZIP
ORLA VISTA FL 32811

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
PRESIDENT
Robert W. HIPPENSTEEL

1.3 STREET ADDRESS
6806 Rembrandt Dr

1.4 CITY-ST-ZIP
ORLANDO FL 32818

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
J. PRES

2.3 STREET ADDRESS
19 N. MISSION RD.

2.4 CITY-ST-ZIP
ORLANDO, FL 32811

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 changed, or on an attachment with an address.

SIGNATURE:

Robert W. Hippensteel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert W. HIPPENSTEEL

4/14/96

Date

407/299/6064

Daytime Phone #

CR2E034 (12/95)