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PROFIT
CORPORATION
ANNUAL REPORT
1997

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

FILED
Apr 22 1997 8:00am
Secretary of State

DOCUMENT # **P95000070330 (2)**
1. Corporation Name

P.A. KING BUILDERS INC.

Principal Place of Business	Mailing Address
5560 BEE RIDGE ROAD D-2 SARASOTA FL 34233	5560 BEE RIDGE ROAD D-2 SARASOTA FL 34233-1507

3. Date Incorporated or Qualified **09/08/1995**	3a. Date of Last Report **07/22/1996**	

2. Principal Place of Business
21 4134 Gulf Of Mexico Dr #302
Suite, Apt #, etc.
22 Longboat Key
City & State
23 Florida
Zip 24 34228 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number **65-0571076**   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

KING, PHILLIP
5560 BEE RIDGE ROAD D-2
SARASOTA FL 34233

10. Name and Address of New Registered Agent

81 Name King, Philip
82 Street Address (P.O. Box Number is Not Acceptable) 4134 Gulf Of Mexico Dr #302
83 Longboat Key
84 City   FL   85 Zip Code 34228

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 **P** ☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME **KING, PHILLIP**	1.2 NAME		
STREET ADDRESS **5560 BEE RIDGE ROAD**	1.3 STREET ADDRESS		
CITY-ST-ZIP **SARASOTA FL**	1.4 CITY-ST-ZIP		
TITLE ☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	2.2 NAME		
STREET ADDRESS	2.3 STREET ADDRESS		
CITY-ST-ZIP	2.4 CITY-ST-ZIP		
TITLE ☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	3.2 NAME		
STREET ADDRESS	3.3 STREET ADDRESS		
CITY-ST-ZIP	3.4 CITY-ST-ZIP		
TITLE ☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	4.2 NAME		
STREET ADDRESS	4.3 STREET ADDRESS		
CITY-ST-ZIP	4.4 CITY-ST-ZIP		
TITLE ☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS		
CITY-ST-ZIP	5.4 CITY-ST-ZIP		
TITLE ☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	6.2 NAME		
STREET ADDRESS	6.3 STREET ADDRESS		
CITY-ST-ZIP	6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: _Hugh Morgan_ Accountant   April 16/97 (941) 387-0709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #