FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000075395 (0)

FILED Mar 20 1998 8:00am Secretary of State

| | KING, INC. | | • | | |
|---|--|----------------------------------|---|--|---|
| | | | | | |
| Principal Place | e of Business | Mailing Address | | | ING CINNO INIAC INIAC INIA |
| 5951 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211 5951 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211 | | | | | . |
| 1 | | | | DO NOT WRITE IN THIS 3. Date Incorporated or Qualified | SPACE |
| | | | | 09/27/1995 | |
| 2. Principal P. | lace of Business | 2e. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | | NOT APPLICABLE | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 | | 27 | | 5. Certificate of Status Desired | Fee Required |
| City & State | е | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | This corporation owes or has paid the cu | _ |
| 24 | 25 g. Name and Address of Curre | nt Booletered Arent | 30 | Personal Property Tax due June 30. 10. Name and Address of New Registered | Yes No |
| | | ur uadistatan Waatir | 81 Name | 1771 | Agent |
| | TON, JOHN G | | | N F. SESSIONS | |
| | 51 ARLINGTON EXPRESSWAY CK8ONVILLE FL 32211 | | 82 Street Addr | ress (P.O. Box Number is Not Acceptable) | |
| JAC | CROUNVILLE PL 32211 | | 83 | | |
| | | | | | |
| | | | 84 City | FL | 85 Zip Code |
| 44 Pursuant t | to the provisions of Sections 607 050 | 02 and 607 1508 Florida Statu | ites the above-named corr | | |
| office or r | egistered agent or both, in the State | of Florida. Such change was | authorized by the corporat | poration submits this statement for the purpose of tion's board of directors. I hereby accept the app | pointment as registered |
| I | 11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1 | G_{i} | | 1/2010 | n o / |
| SIGNATURE | Signature, typed or printed name of registered ag | ent and title if applicable. (NO | SESSIONS TE Registered Agent signature requir | red when reinstating) DATE | |
| 12. | | ID DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND | D DIRECTORS IN 12 |
| TITLE | P | DELETE | 1.1 TITLE | | Change Addition |
| NAME | S ESSIONS, JOHN F | | 1.2 NAME | | |
| STREET AODRESS | 5951 ARLINGTON EXPRESS | WAY | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | | | |
| I | 183 | | 1.4 CITY-ST-ZIP | | |
| TITLE | VP | DELE TE | 1.4 CITY-ST-ZIP 2.1 TITLE | | Change Addition |
| NAME I | FELKER, PAUL J. JR. | - | | | Change Addition |
| | FELKER, PAUL J. JR. 5951 ARLINGTON EXPRESSI | - | 2.1 TITLE | ÷ ; | Change Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | FELKER, PAUL J. JR. 5951 ARLINGTON EXPRESSI JACKSONVILLE FL | NAY | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | :: | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE | FELKER, PAUL J. JR. 5951 ARLINGTON EXPRESSI JACKSONVILLE FL VP | - | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE | #: | Change Addition |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | FELKER, PAUL J. JR. 5951 ARLINGTON EXPRESSI JACKSONVILLE FL VP MILTON, JOHN G. | NAY | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME | ÷] | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | FELKER, PAUL J. JR. 5951 ARLINGTON EXPRESSY JACKSONVILLE FL VP MILTON, JOHN G. 5951 ARLINGTON EXPRESSY | NAY | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS | » - | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | FELKER, PAUL J. JR. 5951 ARLINGTON EXPRESSI JACKSONVILLE FL VP MILTON, JOHN G. | NAY DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | : ; | ☐ Change ☐ Addition |
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14. I 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.

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=12068 (am)743-8273