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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000088881 (4)

1. Corporation Name
STARLING KIA, INC.



Principal Place of Business

2499 NORTH ORANGE BLOSSOM TRAIL
KISSIMMEE FL 34744

Mailing Address

2499 NORTH ORANGE BLOSSOM TRAIL
KISSIMMEE FL 34744-2345

3. Date Incorporated or Qualified
11/17/1995

3a. Date of Last Report
02/13/1996

2. Principal Place of Business

21 2490 N. Orange Blossom Tr.
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 421150
Suite, Apt. #, etc.

4. FEI Number
65-0633549

Applied For
Not Applicable

22 City & State
23 Kissimmee, Florida

27 City & State
28 Kissimmee, Florida

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 34744 25 Country

29 Zip 34742 30 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

RITCH, JOHN B
100 CHURCH STREET
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

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

TITLE D ☐ DELETE
NAME STARLING, ALAN C
STREET ADDRESS 1380 GRANDVIEW BOULEVARD
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE D ☐ DELETE
NAME STARLING, BRUCE C
STREET ADDRESS 1004 LANCASTER DRIVE
CITY-ST-ZIP ORLANDO FL 32806

TITLE ST ☐ DELETE
NAME THACKER, CATHY C. ← OK as is Do not delete
STREET ADDRESS 814 HASTINGS DR
CITY-ST-ZIP KISSIMMEE FL

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 PD ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 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: *Alan C Starling*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/97

Date

(407)931-3992

Daytime Phone #

CR2E034 (9/96)