

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90096 021 ***150.00

DOCUMENT # P96000061960

1. Corporation Name

KINGDOM VISION INCORPORATED

Principal Place of Business

1236 S MCDUFF AVE
SUITE 111
JACKSONVILLE FL 32205
US

Mailing Address

1236 S MCDUFF AVE
SUITE 111
JACKSONVILLE FL 32205
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/22/1996

4. FEI Number

59-3398067

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 5732 Normandy Blvd

Suite, Apt. #, etc.

22 Ste 6

City & State

23 Jax Fla

Zip

24 32205

Country

25 Duval

2a. Mailing Address

26 5732 Normandy Blvd

Suite, Apt. #, etc.

27 Ste 6

City & State

28 Jax Fla

Zip

29 32205

Country

30 Duval

9. Name and Address of Current Registered Agent

URENA, JOSE
1591 LANE AVENUE, #25S
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name

Narlene J McLaughlin

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

9824 Billingsgate Ln S.

83

84 City

Jax

FL

85 Zip Code

32221

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 Narlene J McLaughlin

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when first stating)

DATE

4-9-99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME URENA, JOSE
STREET ADDRESS 1591 LANE AVENUE, #25S
CITY-ST-ZIP JACKSONVILLE FL 32210

☒ DELETE

TITLE TD
NAME PETTY, CYNTHIA
STREET ADDRESS 1905 HARDEE STREET
CITY-ST-ZIP JACKSONVILLE FL 32209

☐ DELETE

TITLE SD
NAME WILLIAMS, JOHN
STREET ADDRESS 1256 TANGERINE DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32259

☒ 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President
1.2 NAME Vaughn McLaughlin
1.3 STREET ADDRESS 9824 Billingsgate Ln S
1.4 CITY-ST-ZIP Jacksonville Fla 32221

☐ Change ☒ Addition

2.1 TITLE Vice President
2.2 NAME Narlene J McLaughlin
2.3 STREET ADDRESS 9824 Billingsgate Ln S.
2.4 CITY-ST-ZIP Jax Fla 32221

☐ 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Narlene J McLaughlin

Date

Daytime Phone #

4-9-99

904-695-0181

CR2E034 (1/1/98)