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FILED
May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000019274 (4)

1. Corporation Name
JOE KINGSLEY INC.

Principal Place of Business

Mailing Address

217 ORANGE TERRACE
WINTER PARK FL 32789

217 ORANGE TERRACE
WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/24/1997

4. FEI Number

59-3136230

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 400 Lake Placid Ct

22 City & State

27 #303

23 Zip Country

28 Altamonte Springs, FL

24 Zip

29 32701

30 USA

9. Name and Address of Current Registered Agent

KINGSLEY, JOE
217 ORANGE TERRACE
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name

Joseph Kingsley

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

400 Lake Placid Ct #303

83

84 City

Altamonte Springs

FL

85 Zip Code

32701

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 of person appointed as registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

WINTER PARK FL 32789

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Altamonte Springs, FL 32701

2.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 attached sheet with an address.

SIGNATURE

JOE KINGSLEY

JOE KINGSLEY

4/22/98

CR2E034 (10/97)