

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
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90145 029 ***150.00

DOCUMENT # P97000038558

1. Corporation Name
OLD KINGS INTERCHANGE, INC.

Principal Place of Business

4 OLD KINGS RD., N.
SUITE B
PALM COAST FL 32137
US

Mailing Address

4 OLD KINGS RD., N.
PALM COAST FL 32137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1997

4. FEI Number

59-3446685

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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 Suite B

28 City & State

29 Zip Country

30

9. Name and Address of Current Registered Agent

CHIUMENTO, MICHEL D
4 OLD KINGS RD N
PALM COAST FL 32137

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 PD
NAME GIBBS, DAVID
STREET ADDRESS 1509 OAK FOREST DR
CITY-ST-ZIP ORMOND BEACH FL 32074

TITLE VPD
NAME GAZZOLI, JOHN
STREET ADDRESS 3 COLE PL
CITY-ST-ZIP PALM COAST FL

TITLE DST
NAME CHIUMENTO, MICHAEL D
STREET ADDRESS 4 OLD KINGS RD N
CITY-ST-ZIP PALM COAST FL

TITLE DS
NAME Thomas Gibbs
STREET ADDRESS 33 So. Sugar Mill Lane
CITY-ST-ZIP

TITLE DT
NAME James E Gardner
STREET ADDRESS 14 Madeira Ct.
CITY-ST-ZIP Palm Coast Fla 32137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

4.1 TITLE DS
4.2 NAME Thomas Gibbs
4.3 STREET ADDRESS 33 So. Sugar Mill Lane
4.4 CITY-ST-ZIP Palm Coast Fla. 32137

5.1 TITLE DT
5.2 NAME James E Gardner
5.3 STREET ADDRESS 14 Madeira Ct. (P.O. Box 351626)
5.4 CITY-ST-ZIP Palm Coast Fla 32137-1626

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 attachment with an address, with all other like empowered.

SIGNATURE:

Michael D. Chiumento
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/24/97

904 445 8900
Daytime Phone #

CR2E034 (1/1/98)