Applied For

\$8.75-Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

Not Applicable

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

PROFIT CORPORATION ANNUAL REPORT

1999

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000097146

Country

9. Name and Address of Current Registered Agent

25

KINGSFIELD ROAD PROPERTIES, INC.

Principal Place of Business	Mailing Address	
4229 HIGHWAY 90 PACE FL 32571 US	4229 HIGHWAY 90 PACE FL 32571 US	

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Zip

2a. Mailing Address

City & State

Suite, Apt. #, etc.-

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90087 020 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

11/14/1997

59-3501420

4. FEI Number

SMITH, GREGORY D		lee or the second secon									
SUITE A			82 Street Address (P.O. Box Number is Not Acceptable)								
					· · · · · ·						
PEN:	SACOLA FL 32501	إيا	03							-2	
		84	City					FI	85 Zip C	ode	
office or n	to the provisions of Sections 662,0502 and 607.1508, Florida Statutes, the a egistered agen), or both, in the State of Florida. Such change was authorized in farmiliar with and accept the obligations of, Section 607.0505, Florida State State of Florida State of	l by utes	the cor	ed corporation surporation's board	of direc	is state tors. I	ement for the hereby acc	he purpose of cept the appo	f changing its on the contract of the changing its formal of the change	egistered istered	
12.	OFFICERS AND DIRECTORS 13.			ADE	PITIONS	/CHAN	IGES TO	OFFICERS A	ND DIRECTO	RS IN 12	
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14 I haraby c	vertify that the information supplied with this filing does not qualify for the ever	nntic	on etate	od in Section 110	07/31/6	Eloric	to Statutes	I further co	rtify that the in	formation	

Country

81 Name

30

4. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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 eath; that I am an officer or director of the corporation on 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99

850.995.1319

Daytime Phone #

2E034 (11/98)