

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S46664** (6)

1. Corporation Name

OLD KING'S ROAD, INC.



Principal Place of Business

Mailing Address

**7160 AIA SOUTH
ST. AUGUSTINE FL 32086
US**

**7160 AIA SOUTH
ST. AUGUSTINE FL 32086
US**

2. Principal Place of Business

2a. Mailing Address

21] Suite, Apt. #, etc.

26] Suite, Apt. #, etc.

22] City & State

27] City & State

23] Zip

Country

28] Zip

Country

24] 25] Country

29] 30] Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
04/18/1991

3a. Date of Last Report
05/01/1995

4. FEI Number
59-3092958

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**SUTTLE, ROBERT L.
7160 A1A SOUTH
ST. AUGUSTINE FL 32086**

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Mildred M. Suttle
Supplemental to the previous change of registered agent and not a new registration

Robert L. Suttle
(NOTE: Registered Agent signature required when reappointing)

1/25/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SUTTLE, ROBERT L.	
STREET ADDRESS	7160 A1A SOUTH	
CITY- ST- ZIP	ST. AUGUSTINE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	NEMRAYA, ALMA S	
STREET ADDRESS	P.O. BOX 668067	
CITY- ST- ZIP	CHARLOTTE NA	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SUTTLE, MILDRED M	
STREET ADDRESS	7160 AIA SOUTH	
CITY- ST- ZIP	ST. AUGUSTINE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Mildred M. Suttle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96 **904-461-5613**
Date Daytime Phone #

CR2E034 (12/95)