

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

CORPORATION
ANNUAL REPORT
1995



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 14 AM 8:14

DOCUMENT # S47157

(0)

1. Corporation Name

KINGSTON DUNES, INC.

Principal Place of Business

4505 COASTAL HWY.
ST. AUGUSTINE FL 32095

Mailing Address

4505 COASTAL HWY.
ST. AUGUSTINE FL 32095

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report

04/23/1991

03/15/1994

4. FEI Number

59-3074776

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

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

8. Name and Address of Current Registered Agent

**BAILEY, JOHN D., JR.
780 NORTH PONCE DE LEON BLVD.
ST. AUGUSTINE FL 32084**

| | |
|----|----------------------------------------------------|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 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 changing

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| title | PD | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| name | ANDERSON, GEORGE | 12 NAME | |
| street address | 2500 NORTH ATLANTIC AVE. | 13 STREET ADDRESS | |
| city st zip | DAYTONA BEACH FL | 14 CITY-ST-ZIP | |
| title | VD | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| name | DARABI, FRANK A. | 22 NAME | |
| street address | 730 NORTH WALDO AVE ST A | 23 STREET ADDRESS | |
| city st zip | GAINESVILLE FL | 24 CITY-ST-ZIP | |
| title | STD | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| name | CORNELIUS, DAVID | 32 NAME | |
| street address | 7850 10TH AVENUE SOUTH | 33 STREET ADDRESS | |
| city st zip | ST. PETERSBURG FL | 34 CITY-ST-ZIP | |
| title | | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| name | | 42 NAME | |
| street address | | 43 STREET ADDRESS | |
| city st zip | | 44 CITY-ST-ZIP | |
| title | | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| name | | 52 NAME | |
| street address | | 53 STREET ADDRESS | |
| city st zip | | 54 CITY-ST-ZIP | |
| title | | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| name | | 62 NAME | |
| street address | | 63 STREET ADDRESS | |
| city st zip | | 64 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 110.07(3)(b), 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 a check mark with no address.

SIGNATURE: *George D Anderson* 3/2/95 904-672-1558
SIGNATURE AND TYPED OR PRINTED NAME OF BORROWING OFFICER OR DIRECTOR