

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Dorinda B. Manning
Secretary of State
Division of Corporations

APPROVED
AND
FILED

55 MAY 11 1110:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S73132**

(0)

STEPHEN D. KING, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address		3. Date Incorporated or Created	3a. Date of Last Report
11131 LAERTES LN NAPLES FL 33961		11131 LAERTES LN NAPLES FL 33961		08/08/1991	09/02/1994
2. Principal Place of Business	2a. Mailing Address	4. FFI Number	Applicant For		
21	26	65-0282256	Not Applicable		
2. State of Incorporation	2a. State of Incorporation	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
22	27	☐			
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
23	28	☐			
24. City	25. State	29. City	30. State	8. This corporation has liability for intangible tax under S. 192 (3), Florida Statutes ☐ Yes ☐ No	
24	25	29	30		

9. Name and Address of Current Registered Agent

KING, STEPHEN D.
11131 LAERTES LN
NAPLES FL 33961

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607, 608, and 609, 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 authorized to execute and file this statement of Change of Registered Office or Registered Agent, as required by Chapter 607, Florida Statutes.

Signature

Print Name and Title of Officer or Director

Print Name and Title of Registered Agent

At

12. OFFICER/DIRECTOR INFORMATION		13. ADDITIONAL CHANGES TO OFFICER/DIRECTOR INFORMATION	
1. NAME	D KING, STEPHEN D. 11131 LAERTES LN NAPLES FL	1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS		2. STREET ADDRESS	
3. CITY		3. CITY	☐ Change ☐ Addition
4. NAME	D KING, DONNA S. 11131 LAERTES LN NAPLES FL	4. NAME	☐ Change ☐ Addition
5. STREET ADDRESS		5. STREET ADDRESS	
6. CITY		6. CITY	☐ Change ☐ Addition
7. NAME		7. NAME	☐ Change ☐ Addition
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY		9. CITY	☐ Change ☐ Addition
10. NAME		10. NAME	☐ Change ☐ Addition
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY		12. CITY	☐ Change ☐ Addition
13. NAME		13. NAME	☐ Change ☐ Addition
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY		15. CITY	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 114.07(1)(b), Florida Statutes. I further certify that the information is disclosed on this annual report or supplemental annual report as 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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, of Block 13 of this report or in an attachment with an address.

SIGNATURE:

Donna S. King
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-3-95

811 123 6227