

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 MAY 16 AM 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 380953 (0)

1. Corporation Name:

ARTHUR L. KING, INC.

Principal Place of Business

Mailing Address

31 DORCHESTER CIR
PALM BEACH GARDENS FL 33418-7102

31 DORCHESTER CIR
PALM BEACH GARDENS FL 33418-7102

*1108 Charlotte St
Box 3057, Ft Pierce, FL 34982*

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
04/22/1971

3a. Date of Last Report
04/25/1994

2. Principal Place of Business

2a. Mailing Address

~~21 1020 B Old Chisholm In~~

~~25 1020 B Old Chisholm In~~

4. FEI Number

59-1457591

Applied For

Not Applicable

22 Suite, Apt. #, etc

27 Suite, Apt. #, etc

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

Country

~~24 86327~~

~~25 Yavapai~~

~~29 86327~~

~~30 Yavapai~~

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KING, ELEANOR C.
31 DORCHESTER CIRCLE
PALM BEACH GARDENS FL 33418

*1108 Charlotte St.
Box 3057
Ft Pierce
FL 34982*

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

~~1020 B Old Chisholm In~~

~~Jessup, AZ 86327~~

83 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 of type of person named as registered agent and title of position

Signature of Registered Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PVS
NAME: KING, ELEANOR
STREET ADDRESS: 31 DORCHESTER CIR.
CITY, ST, ZIP: PALM BCH GRDNS FL *1108 Charlotte St Box 3057 Ft. Pierce, Fla 34982*

11 TITLE: Change Addition
12 NAME:
13 STREET ADDRESS: *1020 B Old Chisholm In*
14 CITY, ST, ZIP: *Jessup, AZ 86327*

TITLE: TD
NAME: KING, ELEANOR
STREET ADDRESS: 31 DORCHESTER CIR.
CITY, ST, ZIP: PALM BCH GRDNS FL *1108 Charlotte St Box 3057 Ft. Pierce, Fla 34982*

21 TITLE: Change Addition
22 NAME:
23 STREET ADDRESS: *1020 B Old Chisholm In*
24 CITY, ST, ZIP: *Jessup, AZ 86327*

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

31 TITLE: Change Addition
32 NAME:
33 STREET ADDRESS:
34 CITY, ST, ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

41 TITLE: Change Addition
42 NAME:
43 STREET ADDRESS:
44 CITY, ST, ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

51 TITLE: Change Addition
52 NAME:
53 STREET ADDRESS:
54 CITY, ST, ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

61 TITLE: Change Addition
62 NAME:
63 STREET ADDRESS:
64 CITY, ST, ZIP:

14. I 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)(b), Florida Statutes. I further certify that the information related 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 orally. I am an officer or director of the corporation or the agent 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 occurs attached with an address.

SIGNATURE:

Eleanor C. King
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/95

580-775-3674