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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600000277 (9)
1. Corporation Name

KIRKLAND PROPERTIES, INC.

**FILED** 

May 14 1998 8:00am

Secretary of State

Principal Place of Business	Mailing Address		- I CONCLINE THE COLUMN AND LINE DESIGN AND LE PARTE	ADIAN BERKE NIGHT NEWS TORK TOES
215 MOUNTAIN BLVD 34894 EMERALD COAST PARKWAY				
STE #107 DESTIN FL 32541				
DESTIN FL 32541		DO NOT WRITE IN THIS SPACE		
00			3. Date Incorporated or Qualified 01/01/1996	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 215 Mountain Dr.	26 215 Mountain Dr.		59-3351017	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			. O	\$8.75 Additional
22 Sinks 107	27 Swite 107		5. Certificate of Status Desired	
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Destin, FL	28 Destin	, FL	Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the	
24 32541 25 OKaloosa	29 3254/ 3	o Okaloosa	Personal Property Tax due June 30.	Ves ∐ No
9. Name and Address of Current Registered Agent  KIRKLAND, C. EDWARD  34904 FMERALD COAST PARKWAY				
KIRKLAND, C. EDWARD	Edward Kirkland			
34894 EMERALD COAST PARKWAY 62 Street Add			ess (P.Q. Box Number is Not Acceptable)	
DESTIN FL 32541			Mighway 78E	
		83	0 0	
		84 City	- 1 . ·	85 Zip Code
44 8	10074500 57 11 0			L " 3254
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				
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 purifications of a seriest agreen and title if approache (NOTE Registered Agent signature required when reinstating)  DATE  OF THE PROPERTY OF T				
12. OF LICERS AND		10gistered Agent signature require	ADDITIONS/CHANGES TO OFFICERS A	
TRILE PCEO	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICENS A	Change Addition
NAME KIRKLAND, C E		1.2 NAME		
STREET ADDRESS 160 BAIRD RD	ļ	1.3 STREET ADDRESS		
CITY-ST-ZIP SANTA ROSA BEACH FL		1.4 CITY-ST-ZIP		
TITLE	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP	ļ	2. 4 CITY-ST-ZIP		
TITLE	DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3 3 STREET ADDRESS		
CITY-ST-ZIP		3 4. City-ST-ZIP		
TITLE	☐ DELE TE	41 TITLE		Change Addition
NAME	1	4. 2 NAME		• •
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-SI-ZIP		
TITLE	☐ DELETE	5.1 TITLE		Change Addition
NAME	_	5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY - ST - ZIP		
TITLE	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		similes
STREET ADDRESS		6.3 STREET ADDRESS		
UIIILI ADDILOS		U.S STREET ADDRESS		

14. I bereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.