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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600000277

KIRKLAND PROPERTIES, INC.

FILED
Apr 20, 1999 8:00 am
Secretary of State
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04-20-1999 90135 040 ***150.00



21 21 Suite, Apt. 22 City & State 23 DEST	BLVD Convert Convert	2a. Mailing Address 26 21 Hwy 98 Suite, Apt. #, etc. 27 City & State 28 DESTIN, FL	E Countr		DO NOT WRITE IN THE 3. Date Incorporated or Qualifed 01/01/1996 4. FEI Number 59-3351017 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution	\$ SPACE \$8.75 Fee F \$5.00 Added	Applied For Not Applicable Additional Required May Be d to Fees	
Zip 32541	L Z5 ŬŜĀ	zio 32541 [3	o US/	•	 This corporation owes the current year in Personal Property Tax. 	Yes	□ X Nο	
	9. Name and Address of Current		1,00,	· <u>··</u>	10. Name and Address of New Registere	d Agent		
21 H DEST	LAND, C E WY 98E FIN FL 32541 to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statutes Florida, Such change was aut	8: 8: 8: the aborhorized b	Street Add	dress (P.O. Box Number is Not Acceptable) Forestion submits this statement for the purpose attempts board of directors. I hereby accept the app	of changing it	o Code ts registered 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 a	and title if applicable. (NOTE: R	egistered Ag	ent signature requi	red when reinstating) DATE			
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12	
NAME STREET ADDRESS	PCEO KIRKLAND, C E 160 BAIRD RD SANTA ROSA BEACH FL	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY-	ET ADDRESS		Change	e Addition	
CITY-ST-ZIP	ONTA TIOON BEAUTY E	☐ DELETE	2.1 TITLE			Change	e Addition	
NAME STREET ADDRESS CITY-ST-ZIP	· 		2.2 NAME	ET ADDRESS		_ onlingo	·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STRE 3.4. CITY-	ET ADDRESS		Change	e 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.1 TITLE 4. 2 NAME	ET ADDRESS		Change	e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	5.1 TITLE 5.2 NAME	ET ADDRESS		☐ Change	e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	6.1 TITLE 6.2 NAME	ET ADDRESS		Change	e Addition	

14. I hereby 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 attactment with an address, with all other like empowered.

SIGNATURE: >

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 13, 99

850-650-6111

Daytime Phone #