

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 750287

1. Corporation Name

C.K.L., Inc.
C/O Kathy Causey

Principal Place of Business

Mailing Address

Corner of 6th and "F" St.
P.O. Box 46
Cedar Key, FL 32625-0046

3. Date Incorporated or Qualified

3a. Date of Last Report

12/19/1979

2. Principal Place of Business

2a. Mailing Address

21 Corner of 6th & "F" St.

26 P.O. Box 46

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Cedar Key, FL.

28 Cedar Key FL

Zip

Country

Zip

Country

24 32625

25 U.S.

29 32625

30 Levy

4. FEI Number

23-7047751

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

Kathy Causey C.P.A.
P.O. Box 46
Cedar Key, FL 32625

NA

81 Name

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

2nd Home on left, Jackson Island

83

84 City

Cedar Key

FL

85 Zip Code

32625

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME NA Robert J. Simpson
STREET ADDRESS P.O. Box 226 / Periodic Ave
CITY-ST-ZIP Cedar Key, FL 32625

TITLE B ☐ DELETE

NAME NA Ronnie Taylor
STREET ADDRESS P.O. Box 697 / Andrews Circle
CITY-ST-ZIP Cedar Key, FL 32625

TITLE D ☐ DELETE

NAME NA Robert Edson
STREET ADDRESS P.O. Box 217 / 16th St.
CITY-ST-ZIP Cedar Key, FL 32625

TITLE S ☐ DELETE

NAME NA Kenneth Arnold
STREET ADDRESS P.O. Box 75 / F Street
CITY-ST-ZIP Cedar Key, FL 32625

TITLE T ☐ DELETE

NAME NA P.H. Day
STREET ADDRESS P.O. Box 580 / Gulf Blvd.
CITY-ST-ZIP Cedar Key, FL 32625

TITLE D ☐ DELETE

NAME Dr. John Andrews
STREET ADDRESS 415 N.W. 80th Blvd.
CITY-ST-ZIP Gainesville, FL 32607

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

500001832445

-07/12/96-01062-035

***61.50

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 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or added in attachment with an address

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)