## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

750287

(5)

C.K.L., INC.

## **FILED** Apr 13 1998 8:00am Secretary of State

Oute, mo								
Principal Place of Business	Mailing Address			* 1806/16 10001 BILLI 88/10 1000 100/1 688/1 BIGH BIGH BIGH BIGH BIGH BIGH BIGH BIGH	Ħ			
CORNER OF 6TH & "F" STREET CEDAR KEY FL 32625	PO BOX 46 CEDAR KEY FL 32625			3. Date Incorporated or Qualified 12/19/1979				
				4. FEI Number Applied For 23-7047751 23-23736 43 Not Applied				
2. Principal Place of Business 21 809 67H STREET	28. Mailing Address 26 P.U. SUX 68			Certificate of Status Desired				
Sulte, Apt. #, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
City & State  City & State  KEY FL	City & State // / / / / / / / / / / / / / / / / /			7. Is this nonprofit corporation a homeowners association?  Yes   No				
Zip Country 24 32625 25 05	29 32625 30	untry	Ś	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No				
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
		81	Name					
CAUSEY, KATHY, C.P.A. JACKSON ISLAND		82	82 Street Address (P.O. Box Number is Not Acceptable)					
PO BOX 46 (N/A)*		83						
CEDAR KEY FL 32625		B4	City	FL 85 Zip Code				
<ol> <li>Pursuant to the provisions of Sections 617.0 office or registered agent, or both, in the Stagent. I am familiar with, and accept the ob-</li> </ol>	ate of Florida. Such change was authoriz	ed by	the corpora	rporation submits this statement for the purpose of changing its register ation's board of directors. I hereby accept the appointment as registere	red ed			

agent. I am familiar with, and accept the doligations of, Section 617.0503, Florida Statutes.										
SIGNATURE Signature: typog or printed name of registered agent and title ill applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
12.	OFFICERS AND DIRECTOR	â.	13.	ADDITIONS/CHANGES TO OFF						
TITLE	P	DELETE	1.1 TITLE	PRESIDENT	<b>L</b> Change	Addition				
NAME	SIMPSON, ROBERT J	-	1.2 NAME	BUSSEL M BRAMI						
STREET ADDRESS	P O BOX 226 (N/A)*/PARODA AVE.		1.3 STREET ADDRESS	ノベルノ マルン マー						
CITY-ST-ZIP	CEDAR KEY FL 32625	<b>\_</b> .	1.4 CITY - ST - ZIP	CEUDIC KEY, FL 3	2625					
TITLE	D	DELETE	2.1 TITLE	DIRELTOR	Change Change	☐ Addition				
NAME	TAYLOR, RONNIE F	Í	2.2 NAME	JOHN MELODINO						
STREET ADDRESS	P O BOX 697 (N/A)*/ANDREWS CIRCLE		2.3 STREET ADDRESS	P.O. BOX 5,92-	المستراء وأنعاض					
CITY-ST-ZIP	CEDAR KEY FL 32625		2.4 CITY-ST-ZIP	CEONR KRY, FL	52625					
TITLE	\$	DELETE	3.1 TITLE	VICE PRESIDENT	Change Change	Addition				
NAME	arnold, ken		3.2 NAME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
STREET ADDRESS	P O BOX 75 (N/A)*/F STREET		3.3 STREET ADDRESS	P						
CITY-ST-ZIP	CEDAR KEY FL 32625		3.4. CITY-ST-ZIP							
TITLE	T	☐ DELÉTE	4.3 TITLE	DIRECTOR	Change	☐ Addition				
NAME	DAY, PERSHING H		A-2 NAME							
STREET ADDRESS	P O BOX 580 (N/A)*/GULF BLVD		4.3 STREET ADDRESS							
CITY-ST-ZIP	CEDAR KEY FL 32625		4.4 CITY-ST-ZIP							
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change	☐ Addition				
NAME	andrews, Dr John		5.2 NAME	•						
STREET ADDRESS	415 NW 80TH BLVD		5.3 STREET ADDRESS							
CITY-ST-ZIP	GAINESVILLE FL 32607		5.4 CITY-ST-ZIP							
TITLE	D	DELETE	6.1 TITLE	SCHTREAS PHIKE RAFTIS	🔀 Change	Addition				
NAME	EDSON, ROBERT		6.2 NAME	MIKE KASTIS						
STREET ADDRESS	P O BOX 217 (N/A)*/6TH STREET		6.3 STREET ADDRESS	「 <i>わぇ」 いか</i> ょく イフン	201.	••				

14. Thereby 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 of 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 on an attachment with an address