

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

**APPROVED
AND
FILED**

85 APR 18 PM 4:26

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # F83117 (4)
1. Corporation Name
CLIKEN DEVELOPMENT, INC.

Principal Place of Business

P.O. BOX 7017
LAKE WORTH ROAD
LAKE WORTH FL 33466

Mailing Address

P.O. BOX 7017
LAKE WORTH ROAD
LAKE WORTH FL 33466

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/27/1982

3a. Date of Last Report
04/08/1994

4. FEI Number
59-2291035

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 **4653 MATHIS STREET
LAKE WORTH FL 33461**

2a. Mailing Address
26 **4653 MATHIS STREET
LAKE WORTH FL 33461**

22 Suite, Apt. #, etc.
4653

27 Suite, Apt. #, etc.
4653

23 City & State
LAKE WORTH FLORIDA

28 City & State
LAKE WORTH FLORIDA

24 Zip
33461

25 Country
USA

29 Zip
33461

30 Country
U.S.A

8. Name and Address of Current Registered Agent

**ROBINS, ELLIS
12850 FOREST HILL BLVD
SUITE 200
WEST PALM BEACH FL 33414**

10. Name and Address of New Registered Agent

81 Name

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

83

84 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

ELLIS ROBINS

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-electing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**PD
WATSON, KENNETH
4653 MATHIS STREET
LAKE WORTH FL**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**VD
WATSON, TERESA COLE
4653 MATHIS STREET
LAKE WORTH FL**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

☐ Change ☐ Addition

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 110.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

WATSON KENNETH WATSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.13.95
Date

407 433-5368
Telephone Number