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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:09

DOCUMENT # H05977

(4)

1. Corporation Name

OKALOOSA 7, INC.

Principal Place of Business

C/O MICHAEL G KENT
105 BCH DR. STE A-5
FT WALTON BEACH FL 32549
US

Mailing Address

C/O MICHAEL G KENT
105 BCH DR STE A-5
FT WALTON BEACH FL 32549
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/29/1984

3a. Date of Last Report

02/07/1994

4. FEI Number

59-2436058

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

2. Principal Place of Business

21 105 BEACH DRIVE

Suite, Apt. #, etc.

22 SUITE A-1

City & State

23

Zip

24

Country

25

2a. Mailing Address

26 105 BEACH DRIVE

Suite, Apt. #, etc.

27 SUITE A-1

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

KENT, MICHAEL G.
648 MERIDNETH DRIVE
FT. WALTON BEACH FL 32548

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

Signature, typed or printed name of registered agent and title of office

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME PEARCE, BEN N.
STREET ADDRESS 551 MOONEY ROAD
CITY-ST-ZIP FT. WALTON BEACH FL

TITLE ST
NAME KENT, MICHAEL G.
STREET ADDRESS 648 MERIONETH DRIVE
CITY-ST-ZIP FT. WALTON BEACH 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 190.07(3)(b), 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; 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 elected or appointed as an officer or director with an address.

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Michael G. Kent

2/4/95

904-884-4554