

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90200 035 ***550.00

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DOCUMENT # H56413

1. Entity Name

BAKNELL CORPORATION



Principal Place of Business

**4400 HWY 20 E ST 303
NICEVILLE FL 32580**

Mailing Address

**4400 HWY 20 E ST 303
NICEVILLE FL 32580**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2599034

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KINDER, FRED R.
22 MARINERS LANE
MARY ESTHER FL 32569**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	LEE, GEORGE E.	
STREET ADDRESS	902 SHARON PT CR	
CITY-ST-ZIP	FT WALTON BCH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ADAMS, EARL R.	
STREET ADDRESS	704 MELANIE LANE	
CITY-ST-ZIP	FT WALTON BEACH FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LEWIS, KATHRYN A.	
STREET ADDRESS	4400 HWY 20E STE 303	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEARDSLEY, DONALD R.	
STREET ADDRESS	430 BRIAN CR.	
CITY-ST-ZIP	MARY ESTHER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GORDON, HARLENE J.	
STREET ADDRESS	P O BOX 1714 N/A	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KINDER, FRED R.	
STREET ADDRESS	22 MARINERS LANE	
CITY-ST-ZIP	MARY ESTHER FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kathryn A. Lewis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-8-03 850 897 4707

Date

Daytime Phone #

CR2E034 (10/02)