2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

K74462 DOCUMENT

1. Entity Name

Principal Place of Business

2. Principal Place of Business

2612 BRIARCLIFF RD.

PANAMA CITY FL 32406

Suite, Apt. #, etc.

City & State

Zip

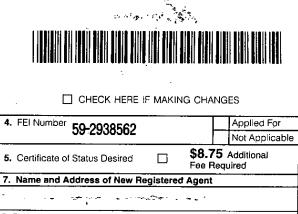
P.O. BOX 16205

N. W. F. I. CORPORATION, INC.



FILED Mar 20, 2003 8:00 am § Secretary of State

03-20-2003 90164 014 ***150.00



BLACKWELL, J. KENNETH Street Address (P.O. Box Number is Not Acceptable) 2612 BRIARCLIFF RD. PANAMA CITY FL 32405 City

Mailing Address

P.O. BOX 16205

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

2612 BRIARCLIFF RD.

PANAMA CITY FL 32406

The above named entity submits this statement for the purpose of cha the obligations of registered agent.	anging its registered office or registered agent, or both, in	the State of Florida. I am familiar with, and accept
SIGNATURE		
Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE

Country

FILE NOW!!! FEE IS \$150.00		
After May 1, 2003' Fee will be \$550.00		
ke Check Payable to Florida Department of State		

Country

6. Name and Address of Current Registered Agent

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

Ma 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BLACKWELL, J. KENNETH NAME 2612 BRIARCLIFF RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Panama City Fl CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME addison, Jean B NAME STREET ADDRESS 1309 BAYOU COURT STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL CITY-ST-ZIP TITLE Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition NAME NAME

12. Thereby certify that the information supplied with this filling 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 impowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

Addition