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**Secretary of State** 

03-31-1999 90033 043 \*\*\*150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # L80904**

1. Corporation Name

KEENAN PROPERTIES OF NORTHWEST FLORIDA, INC.

Mailing Address Principal Place of Business % THOMAS G. VAN MATRE, JR. % THOMAS G. VAN MATRE, JR. 4300 BAYOU BLVD., SUITE 16 4300 BAYOU BLVD., SUITE 16 DO NOT WRITE IN THIS SPACE PENSACOLA FL 32503 PENSACOLA FL 32503 3. Date Incorporated or Qualifed 06/14/1990 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-3022436 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. <u>.</u>□.. 5. Certificate of Status Desired\_ ~ Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 28 23 Country Zip Zip Country This corporation owes the current year Intangible Personal Property Tax. 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name VAN MATRE, THOMAS G., JR. Street Address (P.O. Box Number is Not Acceptable) 4300 BAYOU BLVD. SUITE 16 83 PENSACOLA FL 32503 84 City 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 if applicable. CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Addition ☐ Change DELETE 1.1 TITLE TITLE KEENAN, HERMAN KENNETH 1.2 NAME NAME 5565 BRADLEY STREET 1.3 STREET ADDRESS STREET ADDRESS PENSACOLA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 2.1 TITLE TITLE KEENAN, DAVID MARSHALL 2.2 NAME NAME 17 GILMORE DRIVE 2.3 STREET ADDRESS STREET ADDRESS GULF BREEZE FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADORESS 5.4 CiTY-ST-79P CITY-ST-ZIP

6.1 πTLE

6.2 NAME

14. 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 annual report of 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

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29/49 850-432-4475 Daylor Daylore #

☐ Change

Addition

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