FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 26, 2002 8:00 am § Secretary of State L80904 DOCUMENT # 1. Entity Name 04-26-2002 90008 024 ***150 00 KEENAN PROPERTIES OF NORTHWEST FLORIDA, INC. Principal Place of Business Mailing Address % THOMAS G. VAN MATRE, JR. % THOMAS G. VAN MATRE, JR. 4300 BAYOU BLVD., SUITE 16 4300 BAYOU BLVD., SUITE 16 PENSACOLA FL 32503 PENSACOLA FL 32503 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3022436 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VAN MATRE, THOMAS G., JR. Street Address (P.O. Box Number is Not Acceptable) 4300 BAYOU BLVD. SUITE 16 PENSACOLA FL 32503 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition TITLE ☐ Delete TITLE Change KEENAN, HERMAN KENNETH NAME NAME 5565 BRADLEY STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSAÇOLA FL CITY-ST-ZIP ☐ Addition TITLE DST ☐ Delete TITI F ☐ Channe KEENAN, DAVID MARSHALL NAME NAME STREET ADDRESS 17 GILMORE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **GULF BREEZE FL** □ Delete -TITLE _ -☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7tP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.