## MAJ THO ...

## DOCUMENT # P02000112698

1. Enlity Namo

CLK PROPERTIES OF NORTHWEST FLORIDA, INC.



Principal Place of Business

5805 SAULEY FIELD ROAD 1 PENSACOLA FL 32526

Mailing Address

5805 SAULEY FIELD ROAD PENSACOLA FL 32526



## FILED Feb 14, 2007 08:00 AM Secretary of State



2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt, #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FE! Number 52-2384976 Not Applicable Ζıp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo BROWN, GERALD L Street Address (P.O. Box Number is Not Acceptable) 30 S. SPRING ST. PENSACOLA FL 32501 City Zıp 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 little r applicable. DATE (NOTE: Registered Agent signature required when rainstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ШŒ ☐ Delete ITLE ☐ Change Addition HEATON, CHARLES W NAME NAME 000000635959 02/23/07-80035-025 158.75 5805 SAUFLEY FIELD ROAD STREEL ADORESS STREET ADDRESS PENSACOLA FL 32526 CITY-ST-ZIE CITY ST-71P DST HHE Addition Delete [7] Change HILE HEATON, LORINE P NAMI. NAME 5805 SAUFLEY FIELD ROAD STREET ADDRESS STREET ADDRESS PENSACOLA FL 32526 CITY-ST-ZIP CHY-St-78 Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP IIILE Defete Change Addition TITLE NAME. NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP HHE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STRITET ADDRESS CHY-SI-ZIP CITY-ST-ZIP TILLE Delete MILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. Thereby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 attachmost with an appears, with all other like empowered.

SIGNATURE:

TYPED OR PHINNED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE