

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -1 PM 1:52

DOCUMENT # **P94000073537 (0)**

1. Corporation Name

KELLOGG'S OF NORTHWEST FLORIDA, INC.

Principal Place of Business

**2189 CALLE DE CANTABRIA
NAVARRE FL 32566**

Mailing Address

**2189 CALLE DE CANTABRIA
NAVARRE FL 32566**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

10/03/1994

3a. Date of Last Report

4. FEI Number

59-3273824

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under S 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 6604 N. Davis Hwy

Suite, Apt #, etc

22 A

City & State

23 Pensacola, FL 32504

Zip Country

24

2a. Mailing Address

25 6604 N. Davis Hwy

Suite, Apt #, etc

27 A

City & State

28 Pensacola, FL 32504

Zip Country

29

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

9. Name and Address of Current Registered Agent

**GIBSON, MICHAEL
JOHNSON GREEN & LOCKLIN PA
800 CAROLINE ST
MILTON FL 32570**

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 or officer or director)

Signature (typed or printed name of registered agent or officer or director)

Signature

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KELLOGG, KENNETH J JR
STREET ADDRESS	2189 CALLE DE CANTABRIA
CITY ST ZIP	NAVARRE FL 32566
TITLE	VD
NAME	KELLOGG, TINA R
STREET ADDRESS	2189 CALLE DE CANTABRIA
CITY ST ZIP	NAVARRE FL 32566
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE	☐ Change ☐ Addition
15 NAME	
16 STREET ADDRESS	
17 CITY ST ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or 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 Block 12 or Block 13 if changed. I am an attachment with an address.

SIGNATURE:

Kenneth J Kellogg Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KENNETH J. KELLOGG JR

5/31/95

(904) 587-1211