## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000011375 1. Corporation Name

KERNOW CORPORATION, INC.

## FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90107 011 \*\*\*150.00



Principal Place	e of Business	Mailing Address				113	Allāds 140 parēt āztīt davit at		01 61001 110 <b>34</b> 116	11 1 <b>1000</b>
156 ROLLING DUNES DR. SANTA ROSA BEACH FL 32549			156 ROLLING DUNES DR. SANTA ROSA BEACH FL 32549				DO NOT WR	ITE IN T⊦	IS SPACE	
						3. Date Inc	corporated or Qualifed			
						02/08/	1995			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Nun			<del>  -</del>	Apr lied For
21		26				59-329	<u>95647                                    </u>			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifo a	te of Status Desired			A Iditional Required
City & Stat	e	City & State					Campaign Financing and Contribution			1 1/ay Be tc Fees
Zip	Cour try	Zip	Cor	intry		8. This cor	poration owes the cur	rent year	ntangible	
24	25 29		30	<del></del>				Yes	_  <b>_N</b> 0	
	9. Name and Address of Curren	t Registered Agent				10. Name a	nd Address of New	Registere	d Agent	
D. C.	VO TACOUELINE AT			81	Name					-
	KS, JACQUELINE M RUSKIN PLACE			82	Street Ac dr	ess (P.O. Box Number is Not Acceptable)				
	SIDE FL 32549						******			
SEA	SIDE PL 32349			83						1
				84	City			F	85 Zig	C)de
office crr	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was	∷authorized	i by i	the corporation	oration submits on's board of di	this statement for the rectors. I hereby acce	purpose	of changing is	ts registered reg stered
SIGNATURE	,									ļ
	Signature, typed or printed name of registered ager			Agen	t signature require	d when reinstating)		DATE		
12.	OFFICERS AN	DIRECTORS	13.			ADDITIO	NS/CHANGES TO OF	FICERS		
TITLE	P	☐ DELETE	1 1 TI	TLE					Change	Addition
NAME	BAKEWELL, ANTHONY		1.2 N	4ME						
STREET ADDRE 3S	156 ROLLING DUNES DR.		1.3 S	1.3 STREET ADDRESS						ļ
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459			1.4 CITY-ST-ZIP				<del></del>		D & delikion
TITLE	V	☐ DELETE	2.1 TI						☐ Change	Addition
NAMÉ	PARKS, JAQUELINE M		2.2 N							Į
STREET ADDRE 3S	156 ROLLING DUNES DR.	_	238	TREET	ADDRESS					ł
CITY-ST-ZIP	SANTA ROSA BEACH FL 3245			ITY-S	T-ZIP		<del></del>		☐ Change	e
TITLE		☐ DELETE	3.1 ∏							. LI Addition
NAME			3.2 N							
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NAME				-	LABBECE					
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CITY-ST-ZIP		☐ DELETE	61TI			<del></del> -			☐ Change	Addition
		_ 0200.10	6.2 N						_ 3	_
NAME STREET ADDOCUS					ADDRESS					1
STREET ADDRESS				TV-ST						ļ

14. I hereb / 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 annual report or suppliemental 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 recuired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attach pen with an address, with all other like empowered.

SIGNATURE:

OFFICER OR DIRECTOR

20" April 1999 850-267-3401