

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90115 044 ***150.00

DOCUMENT # P97000019741

1. Corporation Name
KAI SURF SHOP, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
~~XXXX XXXX XXXX~~
~~XXXX XXXX XXXX~~
933 E. Kingsfield Rd.
Cantonment, FL 32533

Mailing Address
~~XXXX XXXX XXXX~~
~~XXXX XXXX XXXX~~
933 E. Kingsfield Road
Cantonment, FL 32533

3. Date Incorporated or Qualified
03/04/1997

4. FEI Number
59-3442863

Applied For
☐ Not Applicable

2. Principal Place of Business
21

Suite, Apt. #, etc.
22

2a. Mailing Address
26

Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

City & State
23

City & State
28

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

Zip
24

Country
25

Zip
29

Country
30

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~XXXXXXXXXXXXXXXXXXXX~~ **Whitman, Noel S. III**
~~XXXX VIA DE LUNA #E201~~ **933 E. Kingsfield Rd.**
~~PENSACOLA BEACH FL 32561~~ **Cantonment, FL 32533**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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]* **President** **4-28-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITMAN, NOEL S	1.2 NAME	Whitman, Noel S. III
STREET ADDRESS	1600 VIA DE LUNA #E201	1.3 STREET ADDRESS	933 E. Kingsfield Rd.
CITY-ST-ZIP	PENSACOLA BEACH FL 32561	1.4 CITY-ST-ZIP	Cantonment, FL 32533
TITLE	TS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITMAN, CHERYL L	2.2 NAME	
STREET ADDRESS	1600 VIA DE LUNA #E201	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA BEACH FL 32561	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE: *[Signature]* **4-28-99** **850-474-1919**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)