

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90376 005 ***150.00

DOCUMENT # P98000007190
1. Entity Name
 KHB OF PENOIDO KEY, INC. ✓

Principal Place of Business **Mailing Address**
 13587 PENOIDO KEY DR. 13587 PENOIDO KEY DR.
 PENSACOLA, FL 32507 PENSACOLA, FL 32507

2. Principal Place of Business **3. Mailing Address**
 13587 PENOIDO KEY DR. 13587 PENOIDO KEY DR.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 PENSACOLA, FL PENSACOLA, FL
Zip **Country** **Zip** **Country**
 32507 USA 32507 USA

4. FEI Number **Applied For**
 59-3494267 Not Applicable
6. Certificate of Status Desired **\$8.75 Additional Fee Required**

00055996

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 HELEN B. BAGGETT
 14140 GANT AVE.
 PENSACOLA, FL 32507

7. Name and Address of New Registered Agent
Name CARL M. POSTON
Street Address (P.O. Box Number is Not Acceptable)
 13587 PENOIDO KEY DRIVE
City PENSACOLA **FL** **Zip Code** 32507

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 *Carl M. Poston* CARL M. POSTON 5-8-01
Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **10. Election Campaign Financing Trust Fund Contribution.** **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BAGGETT, HELEN B.	
STREET ADDRESS	55 ANADIRITO DRIVE	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEEDHAM, KENNETH S.	
STREET ADDRESS	7020 SHALWOOD DRIVE	
CITY-ST-ZIP	KNOXVILLE, TN 37919	
TITLE	D	<input type="checkbox"/> Delete
NAME	POSTON, CARL M.	
STREET ADDRESS	13587 PENOIDO KEY DRIVE	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADDRESS CHANGE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADDRESS CHANGE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 files empowered.

SIGNATURE: *Carl M. Poston* CARL M. POSTON 5-8-01 850-492-1050
Signature and typed or printed name of signing officer or director Date License # (if any)

CR2E004 (11/00)