

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 04, 1999 8:00 am
Secretary of State

05-04-1999 90161 013 ***150.00

DOCUMENT # P98000032020

1. Corporation Name
MK PENSACOLA, INC.

Principal Place of Business
5850 PRINCETON DRIVE
PENSACOLA FL 32526

Mailing Address
5850 PRINCETON DRIVE
PENSACOLA FL 32526

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/07/1998

4. FEI Number

59-3508513

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 9005 W. Hwy 98

Suite, Apt. #, etc.

22

City & State

23 PENSACOLA FL

Zip

24 32506

Country

25 USA

2a. Mailing Address

26 8200 W. Hwy 98

Suite, Apt. #, etc.

27

City & State

28 PENSACOLA FL

Zip

29 325 FL

Country

30 USA

9. Name and Address of Current Registered Agent

CURRIE, RONALD T
5850 PRINCETON DRIVE
PENSACOLA FL 32526

10. Name and Address of New Registered Agent

81

Name

82

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

83

84

City

85

Zip Code

86

State

87

City

88

Zip Code

89

State

90

City

91

Zip Code

92

State

93

City

94

Zip Code

95

State

96

City

97

Zip Code

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State

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City

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City

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Zip Code

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City

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Zip Code

113

State

114

City

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Zip Code

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State

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City

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Zip Code

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State

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City

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Zip Code

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State

123

City

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

Shirley Dickerson, Shirley Dickerson Pres.

4-28-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME CURRIE, RONALD T
STREET ADDRESS 5850 PRINCETON DRIVE
CITY-ST-ZIP PENSACOLA FL 32526

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME SHIRLEY J. DICKERSON
1.3 STREET ADDRESS 7260 LAGO VISTA COURT
1.4 CITY-ST-ZIP PENSACOLA FL 32506

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME WILLIAM T. MARSHALL
2.3 STREET ADDRESS 1500 E. YOUNG ST.
2.4 CITY-ST-ZIP PENSACOLA FL 32503

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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: Shirley Dickerson, Shirley Dickerson Pres. 4/28/99 850-453-1337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

0537396