

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 # P98000062028

1. Corporation Name
CHEROKEE OF ESCAMBIA, INC.

Principal Place of Business
348 MIRACLE STRIP PKWY
SUITE 34
FT. WALTON BEACH FL 32548

Mailing Address
348 MIRACLE STRIP PKWY
SUITE 34
FT. WALTON BEACH FL 32548

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90101 047 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/13/1998

4. FEI Number

☒ 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

2a. Mailing Address

21 701 N NAVY BLVD
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State
23 PENSACOLA, FL

27 City & State
28

24 Zip 32507 25 Country USA
29 Zip 30 Country

9. Name and Address of Current Registered Agent

EASTERLY, EDWARD
348 MIRACLE STRIP PKWY
SUITE 34
FT. WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

81 Name STEPHEN C. RIGGS
82 Street Address (P.O. Box Number is Not Acceptable)
348 MIRACLE STRIP
83 PARKWAY, SUITE 34
84 City FORT WALTON BEACH FL 85 Zip Code 32548

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/9/99
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
D	EASTERLY, EDWARD	348 MIRACLE STRIP PKWY., #34	FT. WALTON BEACH FL 32548	
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
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				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)