

FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90030 010 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000101598

1. Corporation Name
KMW OF PENSACOLA, INC.



Principal Place of Business Mailing Address
125 W. ROMANA ST., STE. 224 **125 W. ROMANA ST., STE. 224**
PENSACOLA FL 32501 **PENSACOLA FL 32501**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 221 E. Garden St. 22 Suite, Apt. #, etc. Lobby Suite 23 Pensacola FL 24 32501		2a. Mailing Address 26 221 E. Garden St. 27 Lobby Suite 28 Pensacola 29 32501		3. Date Incorporated or Qualified 12/02/1998		4. FEI Number 59-3545615		Applied For Not Applicable
5. Certificate of Status Desired ☐		6. Election Campaign Financing ☐		7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent FRAZIER, PAMELA K 125 W. ROMANA ST., STE. 224 PENSACOLA FL 32501		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Kimberly K. Woods 221 E. Garden Street Pensacola FL 32501	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Matthew K. Woods 221 E. Garden Street Pensacola FL 32501	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Kimberly K. Woods 221 E. Garden Street Pensacola FL 32501	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ 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

5/3/99 **850 469 0111**
 Date Daytime Phone #

CR2E034 (1/98)