

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

FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV 8 PM 12:11

DOCUMENT # 99800001598

1. Corporation Name
KMW OF PENSACOLA, INC.

Principal Place of Business

Mailing Address

P.O. Box 1311
Pensacola, FL.

P.O. Box 1311
Pensacola, FL.

AMENDED

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21. P.O. Box 1311
Suite, Apt. #, etc.

2a. Mailing Address

26. P.O. Box 1311
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

12

4. FEI Number

59-3545615

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

9. Name and Address of Current Registered Agent

Pamela K. Frazier
135 W. Romana St. Suite 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

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. P OFFICERS AND DIRECTORS

TITLE P
NAME Kimberly K. Woods
STREET ADDRESS 3675 Marjorie Dr.
CITY-ST-ZIP Pensacola, FL 32504

TITLE V
NAME Matthew L. Woods
STREET ADDRESS 3675 Marjorie Dr.
CITY-ST-ZIP Pensacola, FL 32504

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE V
12 NAME Cory A. Tunnell
13 STREET ADDRESS 8129 Northpointe Blvd.
14 CITY-ST-ZIP Pensacola, FL 32544

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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: Kimberly K. Woods President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KIMBERLY K. WOODS, PRESIDENT

10/15/99 850-469-0111

Date

Daytime Phone #

CR2E034 (11/98)