

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 31 AM 11:56

DOCUMENT # V16035 (0)
1. Corporation Name
A & K SALES CO.

Principal Place of Business Mailing Address
P.O. BOX 6456 JACKSONVILLE FL 32236 **P.O. BOX 6456 JACKSONVILLE FL 32236**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/24/1992** 3a. Date of Last Report **04/15/1994**

2. Principal Place of Business 2a. Mailing Address
21 **5400-7 Verna Blvd.** 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State
JACKSONVILLE, FLORIDA 28

24 Zip 25 Country 29 Zip 30 Country
32205 USA

4. FEI Number **59-3103949** 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**BOORMAN, MICHAEL B.
1171 SOUTH LANE AVENUE
SUITE 1704
JACKSONVILLE FL 32205**

10. Name and Address of New Registered Agent
81 Name **Boorman, Michael B.**
82 Street Address (P.O. Box Number is Not Acceptable) **5400-7 Verna Blvd.**
83
84 City **JACKSONVILLE** FL 85 Zip Code **32205**

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 Separators, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	BOORMAN, MICHAEL B.
STREET ADDRESS	5841 PIPER GLEN BLVD
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	BROOKS, JAMES T.
STREET ADDRESS	566 PLEASANT PINE DR
CITY - ST - ZIP	JACKSONVILLE FL
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	
1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE: Michael B. Boorman Michael B. Boorman 3/28/95 904-695-2428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Initials) (Phone #)