

FILE NOW: **FILING FEE AFTER MAY 1 IS \$550.00**

FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997 1998**



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

DOCUMENT # 437106 (8)
 1. Corporation Name
W. M. K. INVESTMENT COMPANY

Principal Place of Business
~~811 Hesperides Road~~
811 State Rd 60 E.
 LAKE WALES FL 33853

Mailing Address - Change to
811 HESPERIDES ROAD
 LAKE WALES FL 33853-4241
811 State Rd 60 E

3. Date Incorporated or Qualified **09/28/1973** 3a. Date of Last Report ~~09/28/1996~~ **3/1/97**

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

4. FEI Number **59-1511534** Applied For Not Applied

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. 199.03, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
MANN (JOHN L.)
130 EAST CENTRAL AVENUE
LAKE WALES FL

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	KERSEY WILLIAM M	
STREET ADDRESS	811 HESPERIDES State Rd 60 E.	
CITY-ST-ZIP	LAKE WALES FL 00000	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PEEPLES SUSAN	
STREET ADDRESS	4812 McDONALD ST	
CITY-ST-ZIP	LAKE WALES FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KERSEY JEAN ELLIS	
STREET ADDRESS	811 HESPERIDES State Rd 60 E.	
CITY-ST-ZIP	LAKE WALES FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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	

800002495650 Change Addition

-04/22/98-01022-027

*****165.00**

14. I do 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.

SIGNATURE: **Jean E. Kersey** *Jean E. Kersey* **3/18/98 (941) 638 1113**