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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 665162

(4)

W.G. & M.P. NEWKIRK, INC.

Principal Place of Business

Mailing Address

1951 R RABOOCK RT

1351 B BABCOCK ST

FILED Apr 30 1997 8:00am Secretary of State



MELBOURNE FL 32001			MELBO	URNE FL 32901-300	38					
							3. Date Incorporated or Qualified 03/24/1980	3a. Date 04/22		eport
2. Principal Place of Business			2a. Ma	2a. Mailing Address			4. FEI Number		Ap	plied For
21			26	26			59-1988139	Not Applicable		
Sulte, Apt. #, etc.			├	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State				City & State			6. Election Campaign Financing			
23			—ı	28			Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip		Country		Zip Country			r intangible tax under s. 199.032,			
24	2		29		30			Yes D		. 100.000.,
	9. Name a	nd Address of Cur	rent Registere	d Agent	1		10. Name and Address of New Re	gistered Ag	ent	
NEW	KIRK, MARJ	ORIE P				81 Name				
1351 S BABCOCK ST					82 Street Addr		dress (P.O. Box Number is Not Acceptab	olo)		
MEL	BOURNE FL	32901								
·· .					Į.	B3				
¥.						84 City			85 Zip i	Code
						011,		FL	2.6	0000
11. Pursuant office or r agent. I a	to the provision egistered ager im familiar with	ns of Sections 607.0 it, or both, in the St , and accept the ob	0502 and 607.1 ato of Florida. I Iligations of, Sc	508, Florida Statu Such change was ection 607,0505, Fl	tes, the at authorized orida Stat	ove-named co I by the corpor utes.	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of cl of the appoir	nanging it itmont as	s registered registered
SIGNATURE	Signature, typed or	printed name of registered	agent and tille tap	plicable. (NO	II : Bogistered	Agent signature rec	puirēd whom reinstatug)	DATE		
12.		OFFICERS	AND DIRLCTO		13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	STD			DELETE	1.1 11	LE		_	Change	Addition
NAME	NEWKIRK,				1.2 N/	ME				
STREET ADDRESS	1351 S BA				1.3 \$7	REFT ADDRESS				
CITY-ST-ZIP		Æ, FL 00000		T courts		Y-S1-7/P			1 00	
TITLE	STD	MAD JODIE O		☐ DELFTE	2 1 111	1		L	Change	Addition
NAME	1351 S BA	MARJORIE P			2 2 N/					
STREET ADDRESS		E, FL 00000				REEL ADDRESS	- N°			
CITY-ST-ZIP	MCLDUUR	וב, רג טטטט		DELETE		1Y-SI-ZIP			Change	Addilion
TITLE				L DECENT	3.1 10) Change	TT Woollion
NAME					3.2 NA					
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CITY-ST-ZIP				DECEDE	4.1 10	1Y-S1-7IP			Change	Addition
NAME					4.2 N				_ 0	الماليون ال
STREET ADDRESS						REET ADDRESS				
CITY-ST-ZIP						Y-ST-ZP				
TITLE		··		DELETE	5.1 10				Change	Addition
NAME					5.2 NA			_	-	
STREET ADDRESS						REET ADDRESS				
CITY-ST-ZIP					1	(Y - S1 - ZIP				
TITLE				☐ DEL£1E	6.1 10				Change	Addition
NAME					6.2 N/				-	
STREET ADDRESS						REET ADDRESS				
CITY-ST-ZIP						Y-S1-71P				

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 it 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.