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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **665944** **(5)**

1. Corporation Name
TUESDAY KIRK ENTERPRISES, INC.

Principal Place of Business	Mailing Address
C/O GENE AINSWORTH P O BOX 6267 JACKSONVILLE FL 32236	C/O GENE AINSWORTH P O BOX 6267 JACKSONVILLE FL 32236-6267

3. Date Incorporated or Qualified: **04/07/1980**
3a. Date of Last Report: **04/19/1996**

2. Principal Place of Business
21 | 22 State, Apt. #, etc. | 23 City & State | 24 Zip | 25 Country

2a. Mailing Address
26 | 27 State, Apt. #, etc. | 28 City & State | 29 Zip | 30 Country

4. FEI Number: **59-2013891** ☐ 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

AINSWORTH, GENE
4626 BURGUNDY ROAD N
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name: Gene Ainsworth
82 Street Address (P.O. Box Number is Not Acceptable): 5214 Royce Ave.
83
84 City: Jacksonville FL 85 Zip Code: 32205

11. Pursuant to the provisions of Section(s) 607.0505 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] President Gene A. Ainsworth, Jr. 3-14-97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE: P — ☐ DELETE
NAME: AINSWORTH, GENE A.
STREET ADDRESS: 4626 BURGUNDY ROAD N
CITY-ST-ZIP: JACKSONVILLE FL

TITLE: V — ☐ DELETE
NAME: AINSWORTH, AMY
STREET ADDRESS: 4419 HIAWATHA ST.
CITY-ST-ZIP: JACKSONVILLE FL

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition	
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition	

CR2E034 (9/96)

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.

SIGNATURE: [signature] 3-14-97 (904)384-9867
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #