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

CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 680927

(1)

BKW INVESTMENTS, INC.

Mailing Address

## **FILED** Jan 26 1998 8:00am Secretary of State



| 2. Principal Place of Business   | 930 NW 27TH<br>OCALA FL 344<br>US   |  | P. O. BOX 338<br>OCALA FL 34478-0338<br>US |                    | DO NOT WRITE IN THIS  3. Date Incorporated or Qualified  08/04/1980 | SPACE                       |  |
|--|---|--|--|--------------------|---|-----------------------------|--|
| Suite. Apt #, etc.    Stelle. Apt #, etc.   Stelle. Apt #, etc.   Stelle. Apt #, etc.   Stelle. Apt #, etc.   Stelle. Apt #, etc.   Stelle. Apt #, etc.   Stelle.   Stelle. Apt #, etc.   Stelle.    | Principal Place of Business     2a. Mailing Address   |  |  |                    | 4. FEi Number   |                             |  |
| City & State    City & State   | 21 2780   | SW 7 Avenue                                | 26 P. O. Box                               | 2423               | 59-2018095  |                             |  |
| 28   |   | #, etc.                                    | <del></del>                                |                    | 5. Certificate of Status Desired                                    |                             |  |
| Section   Personal Property Tax due burs 20,   The corporation owes or has paid the current year Intanglible   Personal Property Tax due burs 20,   The   No.      |   |  |  |                    |   | \$5.00 May Be               |  |
| 34474  | 23 00 2 1 2   | Florida                                    | 28  Ocala Flo                              | rida               |   |                             |  |
| 9. Name and Address of Current Registered Agent  WHITSETT, KENNETH L 2710 N.W. 10TH STREET  OCALA FL 32670  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes. The above-warred corporation submits this statement for the purpose of changing its eighthered agent, or both in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its eighthered agent, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. Change   Addition    NAME WHITSETT, JEANETTE B  12. OCALA, FL 00000  12. OCALA, FL 00000  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. Change   Addition    NAME WHITSETT, JEANETTE B  12. OCALA, FL 00000  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. Change   Addition    NAME WHITSETT, JEANETTE B  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  13. TITLE SD  14. Change   Addition    14. Change   Addition    15. TITLE SD  16. Change   Addition    16. STREET ADDRESS    17. ST.2P  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  10. STREET ADDRESS    10.  | - 01171   |  | <u> </u>                                   | <b>—</b> ' ' '     |   |                             |  |
| WHITSETT, KENNETH L  | 24 344/4  |  |  | marion             |   |                             |  |
| WHITSETT, JEANETTE B  OCALA, FL 00000  WHITSETT, JEANETTE B  OCALA, FL 00000  OCALA, FL 000 | 81 Name   |  |  |                    |   |                             |  |
| Street Address (P.O. Box Number is Not Acceptable)   2780 SW 7 Avenue   32 Ft.   34474   |   |  |  |                    | nneth L. Whitsett   |                             |  |
| SIGNATURE  |   |  |  | 82 Street Ad       | Idress (P.O. Box Number is Not Acceptable)                          |                             |  |
| Ba   City Cala   | OCALA FL 32670  |  |  |                    | SU SW / Avenue  |                             |  |
| 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 replained 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, 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, and accept the obligations of, Section 607.6505, Florida Statutes.    SIGNATURE  |   |  |  |                    |   |                             |  |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hareby accept the appointment as registered agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.    SIGNATURE  |   |  |  |                    |   | 85 Zip Code                 |  |
| 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, and accept the obligations of, Section 607.055, Florida Statutes.    SIGNATURE  | 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes the above parad corporation submits this statement for the purpose of changing its registered. |  |  |                    |   |                             |  |
| SIGNATURE   Signature, typed of printed name of registered agent and site if applicable.   NOTE, Registered agent signature required when reductating)   DATE  | 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   |  |  |                    |   |                             |  |
| 12.  | agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.   |  |  |                    |   |                             |  |
| 12   | SIGNATURE Signature, broad or printed name of registered agent and title if applicable. (NOTE; Registered Agent standure required when reinstating)  DATE                         |  |  |                    |   |                             |  |
| TITLE  |   |  |  |                    |   | D DIRECTORS IN 12           |  |
| WHITSETT, JEANETTE B STREET ADDRESS 2710 NW 10TH ST OCALA, FL 00000  TILE PD WHITSETT, KENNETH L 2710 NW 10TH STREET OCALA, FL 00000  NAME SIREET ADDRESS CITY-ST-ZIP OCALA, FL 00000  WHITSETT, KENNETH L 2710 NW 10TH STREET OCALA, FL 00000  DELETE 22 NAME 22 NAME 23 STREET ADDRESS CITY-ST-ZIP OCALA, FL 00000  DELETE 33 STREET ADDRESS CITY-ST-ZIP  TITLE NAME 33 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition Addition Addition Change Addition Addition Change Addition Addition Change Addition Addition Addition Change Addition Addition Addition Addition STREET ADDRESS CITY-ST-ZIP TITLE Change Addition Addition Addition Addition Addition Addition Addition ADDITION STREET ADDRESS CITY-ST-ZIP TITLE Change Addition Addition Addition Addition Addition Addition ADDITION STREET ADDRESS CITY-ST-ZIP TITLE Change Addition Addit |   | SD   | ☐ DELETE                                   | 1.1 TITLE          |   |                             |  |
| STREET ADDRESS   2710 NW 10TH ST   | NAME  | · · · · · · · · · · · · · · · · · · ·      |  | 1.2 NAME           | Jeannette B. Whitsett   | ,                           |  |
| CITY-ST-ZIP  | STREET ADDRESS  |  |  | 1.3 STREET ADDRESS |   |                             |  |
| NAME NAME STREET ADDRESS CITY-ST-ZIP OCALA, FL 00000 DELETE Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP OCALA, FL 00000 DELETE 3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE S1 TITLE S2 NAME S3 STREET ADDRESS A4 CITY-ST-ZIP TITLE DELETE S1 TITLE S2 NAME S3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE S1 TITLE S2 NAME S3 STREET ADDRESS CITY-ST-ZIP TITLE S3 STREET ADDRESS CITY-ST-ZIP Change Addition   |   |  |  | 1.4 CITY-ST-ZIP    | 2700 SW 7 AVEILUE .   | -                           |  |
| NAME STREET ADDRESS CITY-ST-ZIP OCALA, FL 00000  DELETE 31 TITLE TITLE TITLE TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP T |   |  | DELETE                                     | 2.1 TITLE          | Ph  | Change Addition             |  |
| CITY-ST-ZIP   OCALA, FL 00000  | NAME  | WHITSETT, KENNETH L                        |  | 2.2 NAME           |   |                             |  |
| TITLE  | STREET ADDRESS  | 2710 NW 10TH STREET                        |  | 2.3 STREET ADDRESS | 2780 SW 7 Avenue  |                             |  |
| NAME STREET ADDRESS CITY - ST - ZIP TITLE DELETE A1 TITLE A2 NAME STREET ADDRESS CITY - ST - ZIP TITLE DELETE A3. CITY - ST - ZIP TITLE A4. CITY - ST - ZIP TITLE DELETE A4. CITY - ST - ZIP TITLE DELETE A4. CITY - ST - ZIP TITLE DELETE A4. CITY - ST - ZIP TITLE ADDRESS A4. CITY - ST - ZIP ADDRESS A4. CITY - ST - ZIP ADDRESS CITY - ST - ZIP   | CITY-ST-ZIP   | OCALA, FL 00000                            |  | 2. 4 CITY-ST-ZIP   | Ocala, FL 34474 -   |                             |  |
| STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP  | TITLE   |  | ☐ DEFELE                                   | 3.1 TITLE          |   | Change Addition             |  |
| CITY-ST-ZIP  | NAME  |  |  | 3.2 NAME           |   |                             |  |
| TITLE  | STREET ADDRESS  |  |  | 3.3 STREET ADDRESS |   |                             |  |
| NAME   | CITY-ST-ZIP   |  |  |                    |   |                             |  |
| A3 STREET ADDRESS   A3 STREET ADDRESS   A4 CITY-ST-ZIP   A4 CITY-ST-ZIP  | TITLE   |  | ☐ DELETE                                   |                    |   | L Change L Addition         |  |
| CITY-ST-ZIP  | NAME  |  |  | 4, 2 NAME          |   |                             |  |
| TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME         STREET ADDRESS         5.3 STREET ADDRESS         CITY- ST- ZIP         STREET ADDRESS         CHANGE         Addition  | STREET ADDRESS  |  |  | 4.3 STREET ADDRESS |   | ]                           |  |
| NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS           CITY-ST-ZIP         6.4 CITY-ST-ZIP   | CITY-ST-ZIP   |  |  |                    |   |                             |  |
| STREET ADDRESS   | TITLE   |  | TT DEFELE                                  |                    |   | LI Change LI Addition       |  |
| STREET ADDRESS   S.4 CITY-ST-ZIP   S.4 CITY-ST   |   |  |  |                    |   |                             |  |
| TITLE  | STREET ADDRESS  |  |  |                    |   | 1                           |  |
| NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS           CITY-ST-ZIP         6.4 CITY-ST-ZIP  |   |  | ( be) ere                                  | 1                  |   | Change Sadist-              |  |
| STREET ADDRESS  6.3 STREET ADDRESS  CITY-ST-ZIP  6.4 CITY-ST-ZIP   | 1   |  | T] AFFFIF                                  |                    |   | ☐ Citange ☐ Addition        |  |
| CITY-ST-ZIP 6.4 CITY-ST-ZIP  |   |  |  |                    |   | 1                           |  |
|  |   |  |  |                    |   | ļ                           |  |
|  | CITY-ST-ZIP   | artifu that the information arealised with | n this filing door not qualify for         |                    | in Section 119 07/3)(i) Florida Statutos I further o                | artify 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 ar 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 REQ

Whitsett 1-16-98