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FILED  
Apr 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 696554

(5)

1. Corporation Name

B.K. ENTERPRISES OF WEST FLORIDA, INC.

Principal Place of Business

4400 HWY 20 E ST 303  
NICEVILLE FL 32578

Mailing Address

4400 HWY 20 E ST 303  
NICEVILLE FL 32578

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

LEWIS, BILLY R.  
4400 HWY 20 EAST  
SUITE 303  
NICEVILLE FL 32578

3. Date Incorporated or Qualified

07/29/1981

3a. Date of Last Report

04/08/1996

4. FEI Number

59-2119355

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

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

Signature, typed or printed name of registered agent and title if appropriate

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
LEWIS, KATHRYN A  
STREET ADDRESS  
4400 HWY 20E  
CITY-ST-ZIP  
NICEVILLE FL

TITLE ☐ DELETE

NAME  
LEWIS, BILLY R.  
STREET ADDRESS  
4400 HWY 20 E  
CITY-ST-ZIP  
NICEVILLE FL

TITLE ☐ DELETE

NAME  
LEWIS, MICHAEL R  
STREET ADDRESS  
210 COREY DR.  
CITY-ST-ZIP  
DOTHAN, AL 00000

TITLE ☐ DELETE

NAME  
SCOTT, DEBRA KAY  
STREET ADDRESS  
4400 HWY 20 E  
CITY-ST-ZIP  
NICEVILLE FL

TITLE ☒ DELETE

NAME  
SCOTT, ALLEN L.  
STREET ADDRESS  
4400 HWY 20E ST. 303  
CITY-ST-ZIP  
NICEVILLE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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

*[Signature]*

4/21/97 6048974707

CR2E034 (9/96)