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

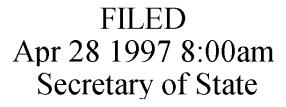
DOCUMENT # 696554

(5)

B.K. ENTERPRISES OF WEST FLORIDA, INC.

Principal Place of Business

Mailing Address





4400 HWY 20 8 NICEVILLE FL S		4400 HWY 20 E ST 303 NICEVILLE FL 32578								
						3. Date Incorporated or Qualified 07/29/1981	3a. Date of Last Report 04/08/1996			
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		- L	Applied For	
21		26				59-2119355	Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	27			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	0	City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip 29	30]	try		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
g, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
LEW		8	31	Name						
) HWY 20 EAST IE 303				Street Addre	ess (P.O. Box Number is Not Acceptab	le)			
NICE	EVILLE FL 32578		8	33						
			8	34	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 hard of registered or			Agen	nt signaturo requiro	d which reinstating)	TAG	DIDEC	7000 0140	
12. TITLE	DFFICERS AI	ND DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change				
NAME	LEWIS, KATHRYN A		12 NAA						ingo 🗀 Mainon	
STREET ADDRESS	4400 HWY 20E		13 STREET AD		ADDRESS					
City-ST-ZIP	NICEVILLE FL		- 6	4 City-St-ZIP						
TITLE				211/11/1				☐ Cha	inge 🔲 Addition	
NAME	LEWIS, BILLY R.		2 2 NAME							
STREET ADDRESS	4400 HWY 20 E	•	2 3 STR		ADDRESS					
CITY-ST-ZIP	NICEVILLE FL		2 4 0111	Y-\$!	I - ZI₽					
TITLE	DV DELETE		3 1 TITL	31 TITLE				Cha	inge 🔲 Addition	
NAME	LEWIS, MICHAEL R		3.2 NAME							
STREET ADDRESS	210 COREY DR.		3 3 STREET ADDRESS		address					
CITY-ST-ZIP			3 4. CiTr		1 - 7(P					
TITLE			41 101.					☐ Cha	ange L. Addition	
NAME	SOOTT. DEBRA KAY			4 2 NAME						
STREET ADDRESS	4400 HWY 20 E NICEVILLE FL				ADDRESS					
CITY-ST-ZIP TITLE	DV	IZ DELETE	4 4 CHY 5 1 7 H L	_	- IP			Cha	inge Addition	
NAME .	SCOTT, ALLEN L.	UN DESERTE	5 ? NAM					اا∨ ر_	go Li radiiioii	
STREET ADDRESS	4400 HWY 20E ST. 303		5.2 STHEET ADDRESS		PSEGUINA					
CITY-ST-ZIP	A STATE OF THE STA			5 4 CITY - ST - ZIP						
TATLE	THOUTHLE I L	DELETE	61 THL		. 711.	 		Cha	ange Addition	
NAME			6 2 NAM						·	
STREET ADDRESS					ADDRESS					
CITY-ST-7IP			64 CITY						'	

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.

6-41634010 Promise 462, 197 G048974