

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 APR 17 AM 10:45**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # F34192**

**(7)**

1. Corporation Name:

**WSK FINANCE COMPANY**

Principal Place of Business

**2080 S.W. COLLEGE ROAD  
P O BOX 6599  
OCALA FL 32678**

Mailing Address

**2080 S.W. COLLEGE ROAD  
P O BOX 6599  
OCALA FL 32678**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**05/08/1981**

3a. Date of Last Report

**02/28/1994**

4. FEI Number

**59-2168824**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

**24**

Country

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

**29**

Country

**30**

9. Name and Address of Current Registered Agent

**WILLIAMS, REUBEN S., III  
2080 SW COLLEGE ROAD  
OCALA FL 32671**

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 applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PD  
WILLIAMS, REUBEN S., III  
2080 S.W. COLLEGE ROAD  
OCALA FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**STD  
MCMICHAEL, JOHN  
2080 S.W. COLLEGE ROAD  
OCALA FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VD  
WILLIAMS, ALEXANDER P  
2080 S.W. COLLEGE ROAD  
OCALA FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VP  
WILLIAMS, SARAH P  
1520 S.E. 5TH STREET  
OCALA FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**S  
WILLIAMS, REUBEN S  
2195 SE 38TH STREET  
OCALA FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 partner 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:

*John F. McMichael*

**John F. McMichael S/T**

**4-8-95**

**(904) 670-0077**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number