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Apr 08 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 # F34192 (7)

1. Corporation Name  
WSK FINANCE COMPANY



Principal Place of Business  
2060 S.W. COLLEGE ROAD  
P O BOX 6599  
OCALA FL 32678

Mailing Address  
2060 S.W. COLLEGE ROAD  
P O BOX 6599  
OCALA FL 34478-6599

3. Date Incorporated or Qualified  
05/08/1981

3a. Date of Last Report  
04/19/1996

2. Principal Place of Business  
21 5745 South Pine

2a. Mailing Address  
26 P.O. Box 6599

4. FEI Number  
59-2168824

Applied For  
Not Applicable

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

23 Ocala FL

28 Ocala FL

Zip Country

Zip Country

24 34480

29 34478

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

10. Name and Address of New Registered Agent

WILLIAMS, REUBEN S., III  
2060 SW COLLEGE ROAD  
OCALA FL 32671

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

1.1 TITLE UP ☒ Change ☐ Addition

NAME WILLIAMS, REUBEN S., III  
STREET ADDRESS 2060 S.W. COLLEGE ROAD  
CITY-ST-ZIP Ocala FL

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE STD ☐ DELETE

2.1 TITLE Pres/Sec/Treas ☒ Change ☐ Addition

NAME MCMICHAEL, JOHN  
STREET ADDRESS 2060 S.W. COLLEGE ROAD  
CITY-ST-ZIP Ocala FL

2.2 NAME  
2.3 STREET ADDRESS 5745 South Pine  
2.4 CITY-ST-ZIP Ocala, FL 34480

TITLE VD ☒ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME WILLIAMS, ALEXANDER P  
STREET ADDRESS 2060 S.W. COLLEGE ROAD  
CITY-ST-ZIP Ocala FL

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE VP ☒ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME WILLIAMS, SARAH P  
STREET ADDRESS 1520 S.E. 5TH STREET  
CITY-ST-ZIP Ocala FL

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE S ☒ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME WILLIAMS, REUBEN S  
STREET ADDRESS 2195 SE 38TH STREET  
CITY-ST-ZIP Ocala FL

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.2 NAME  
6.3 STREET ADDRESS  
6.4 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

3-3147 (352) 620-0077

CR2E034 (9/96)