FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F74783** **(4)**

1. Corporation Name

W, K & S SALES CORPORATION, INC.

Principal Place of Business	Mailing Address
127 HIGHWAY 98 E. P. O. BOX 1665 DESTIN FL 32541	127 HIGHWAY 98 E. P. O. BOX 1665 DESTIN FL 32541

3. Date Incorporated or Qualified: **04/02/1982**

3a. Date of Last Report: **03/30/1995**

4. FEI Number: **59-2211273** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
121 Star Drive	121 Star Drive
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Ft Walton Bch Fl	28 City & State: Ft Walton Bch, FL
24 Zip: 32548 25 Country	29 Zip: 32548 30 Country

9. Name and Address of Current Registered Agent

WILLIAMS, RICHARD E
121 STAR DRIVE
FT WALTON BEACH FL 32548

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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, DOROTHY S		1.2 NAME	
STREET ADDRESS	121 STAR DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BCH, FL 00000		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, DOROTHY S		2.2 NAME	
STREET ADDRESS	121 STAR DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BCH, FL 00000		2.4 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, RICHARD E		3.2 NAME	
STREET ADDRESS	121 STAR DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BCH, FL 00000		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
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	

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 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: Dorothy S Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (12/95)