FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90177 026 ***150.00

DOCUMENT # F9400001867 1. Corporation Name

FORKE,	INC.							
Principal Place	e of Business	Mailing Address						
3901 FAULKNER DR. 3901 FAULKNER DR.								
LINCOLN NE 68516 LINCOLN NE 68516						DO NOT WRITE IN THIS SPACE		
							.OL	 -
						3. Date Incorporated or Qualifed		-
• • • • •		2a. Mailing Address				04/11/1994 4. FEI Number	And	olied For
2. Principal Pi		ig Address			47-0773534		Applicable	
Forke	Inc.	Suite Ant # etc	Suite, Apt. #, etc.				8.75 A	
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 8826 Goodby's Executive Dr 27						5. Certificate of Status Desired	Fee Re	
City & State	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	onville, FL Country	Zip	Countr	у		8. This corporation owes the current year Intangi	ble	
32217	25 USA	29	30			Personal Property Tax.		⊠No
<u> </u>	9. Name and Address of Curre		_' <u>.</u>			10. Name and Address of New Registered Age	nt	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST., STE. 105 TALLAHASSEE FL 32301				2 3	Street Addre	ess (P.O. Box Number is Not Acceptable)		
			84		City	FL 8	'	
office or n	to the provisions of Sections 607.05 egistered agent, or both, in the State or familiar with, and accept the oblig	e of Florida. Such change was au	thorized b	v the	amed corpo e corporation	oration submits this statement for the purpose of chain's board of directors. I hereby accept the appointment	iging its int as reç	registered pistered
SIGNATURE								
	Ignature, typed or printed name of registered agent and title if applicable. (NOTE: Registered			ent siç	gnature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND D	IRECTO	RS IN 12
12.		ND DIRECTORS	13.				Change	Addition
TITLE	VCS	L'I DELETE	1.1 TITLE		l vc	CSD 520	onange	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME	THOMPSON, IV D C							
511421125011250			1.3 STRE		ſ			1
CITY-ST-ZIP				ST-Z	ip		Change	Addition
TITLE	T ☑ DELETE 2.1					u	Change	
NAME	Comen, our o		2.2 NAME					
STREET ADDRESS	12500 NORTH 84TH ST				ODRESS			
CITY-ST-ZIP	LINCOLN NE 68517			ST-Z	ZIP		Change	Addition
TITLE	-		3.1 TITLE			٠.	Change	L. Addison
NAME	William, Modelin K		3.2 NAME	3.2 NAME				
STREET ADDRESS	OOO DIWITI COMEN ON		3.3 STRE	3.3 STREET ADDRESS				
CITY-ST-ZIP				ST-Z	ZIP		0	
TITLE	D DELETE 4.1						Change	☐ Addition
NAME	PAPPAS, LEON 4.2		4. 2 NAME	E	ĺ			ĺ

JACKSONVILLE FL 32232 CITY-ST-ZIP 14. I 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 appear with an address, with all other like empowered.

4.3 STREET ADDRESS

5 3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

PDCEO

CD

4.4 CITY-ST-ZIP

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

250 NORTH FORSYTH

9230 BEAUCLERC CIR E

JACKSONVILLE FL 32257

RINGHAVER, RANDAL L

8050 PHILIPS HWY.

CLAYTON NO 63105

REGAS, CHRIS L

DELETE

DELETE

Change

Change

☐ Addition

Addition