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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

J62591

(9)

W J K COMPANY

Principal Place of Business

Mailing Address

% WALTER J. KOSHUBA 3621 DAN UNIE LANE

## **FILED** Mar 19 1998 8:00am Secretary of State



% WALTER J. KOSHUBA 3621 DAN UNIE LANE DO NOT WRITE IN THIS SPACE LAKELAND FL 33813 LAKELAND FL 33813 3. Date Incorporated or Qualified 03/13/1987 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 59-2787705 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Žφ Country This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. V Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name KOSHUBA, WALTER J. 3621 DAN UNIE LANE 82 Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33813 83 84 City 85 Zip Codé FL

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 this state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familia with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or profind name of registered agont and little if applicable (NOTE: Registered Agent signature required when reinstating)  DATE							
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANG	ES TO OFFICERS AN	D DIRECTOR	
TITLE	PD	DELETE	1.1 TITLE			Change	Addition
NAME	KOSHUBA, WALTER J.		1.2 NAME				
STREET ADDRESS	3621 DAN UNIE LANE		1.3 STREET ADDRESS		•		
CITY-ST-2#P	LAKELAND FL		1.4 CITY-ST-ZIP				
TITLE		☐ DELETE	2.1 TITLE			Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2. 4 CITY-ST-ZIP				
TITLE		DELETE	3.1 TITLE	,		Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			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				1
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				1
STREET ADDRESS			6.3 STREET ADDRESS				1
CITY ST. 700			GI CITY-CT-TIP				i

14. Thereby 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 if the receiver or size of 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 from an attachment with an address.

SIGNATURE:

Mar 16, 1998 941-6xc-4767