

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

FILED

Feb 07 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 # K98475 (2)

1. Corporation Name  
WKJ, INC.



Principal Place of Business  
C/O TASO M. MILONAS  
1819 MAIN ST., STE 1100  
SARASOTA FL 34236  
US

Mailing Address  
C/O TASO M. MILONAS  
1819 MAIN ST., STE 1100  
SARASOTA FL 34236-5926  
US

3. Date Incorporated or Qualified  
06/28/1989

3a. Date of Last Report  
02/21/1996

4. FEI Number  
59-2996923

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  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent

WILLIAMS, MRS PATRICIA F  
1237 E TWIGGS ST  
101 E. KENNEDY BLVD.  
TAMPA FL 33602

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	WILLIAMS, PATRICIA F.	
STREET ADDRESS	1237 EAST TWIGGS ST.	
CITY - ST - ZIP	TAMPA FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	KETCHY, BRENDA W.	
STREET ADDRESS	1237 EAST TWIGGS ST.	
CITY - ST - ZIP	TAMPA FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	JONES, CATHY W.	
STREET ADDRESS	1237 EAST TWIGGS ST.	
CITY - ST - ZIP	TAMPA FL	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	SANDERS, DARLENE	
STREET ADDRESS	1237 EAST TWIGGS STREET	
CITY - ST - ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Madden, Cathy W.
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address.

SIGNATURE: Patricia F. Williams 1-87-97 (813) 253-8828  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)

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DOCUMENT # **K98475**

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US

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27 City & State

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Country

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Country

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Not Applicable

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Trust Fund Contribution

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Florida Statutes

☐

Yes

☐

No

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10. Name and Address of New Registered Agent

**WILLIAMS, MRS PATRICIA F**  
**1237 E TWIGGS ST**  
**101 E. KENNEDY BLVD.**  
**TAMPA FL 33602**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

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SIGNATURE

Signature of the person named as registered agent on this report

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE  
NAME **WILLIAMS, PATRICIA F.**  
STREET ADDRESS **1237 EAST TWIGGS ST.**  
CITY-ST-ZIP **TAMPA FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **DVP** ☐ DELETE  
NAME **KETCHEY, BRENDA W.**  
STREET ADDRESS **1237 EAST TWIGGS ST.**  
CITY-ST-ZIP **TAMPA FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **DST** ☐ DELETE  
NAME **JONES, CATHY W.**  
STREET ADDRESS **1237 EAST TWIGGS ST.**  
CITY-ST-ZIP **TAMPA FL**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **Madden, Cathy W.**  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **AT** ☐ DELETE  
NAME **SANDERS, DARLENE**  
STREET ADDRESS **1237 EAST TWIGGS STREET**  
CITY-ST-ZIP **TAMPA FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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SIGNATURE:

*Patricia F. Williams* 1-27-97 (813) 263-8828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)