

AND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90024 001 ***550.00

DOCUMENT # K98475

1. Corporation Name

WKJ, INC.

Principal Place of Business

1515 RINGLING BLVD
SARASOTA FL 34236
US

Mailing Address

PO BOX 1479
SARASOTA FL 34230-1479
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/28/1989

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 attachment with an address.

SIGNATURE:

Patricia F. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-99 (813) 253-8828
Date Daytime Phone #

CR2E034 (5/99)

0102483

WALTERS
LEVINE
BROWN
KLINGENSMITH
MILONAS
& THOMISON P.A.
ATTORNEYS AT LAW

591 895-90024-1
K 98 475

July 12, 1999

ELINOR E. BAXTER
EVAN N. BERLIN
JOHN E. BROWN*
H. JACK KLINGENSMITH
STUART JAY LEVINE
TASO M. MILONAS**
ALAN M. ORAVEC***
LEIGH E. THOMAS
JAMES E. THOMISON***
JOEL W. WALTERS*****

Division of Corporations
Annual Reports Filing
Post Office Box 1500
Tallahassee, Florida 32302-1500

* Board Certified Real Estate Attorney
** Board Certified Tax Attorney
*** Board Certified Health Law Attorney
**** Certified Circuit Court Mediator

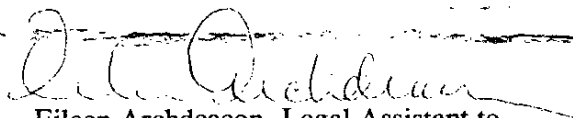
0416-001

Re: WKJ, Inc.

Dear Sir/Madam:

Please find enclosed the 1999 Corporate Annual Report for the above-referenced corporation and a check in the amount of \$550.00 to cover your filing fees. Please acknowledge receipt of this letter and the enclosures by date stamping the attached copy of this letter and returning it to me in the enclosed self-addressed stamped envelope. Thank you for your assistance. If you have any questions, or require additional information, please do not hesitate to contact the undersigned.

Sincerely yours,


Eileen Archdeacon, Legal Assistant to
Taso M. Milonas

TMM/ea

Enclosures

cc: Mrs. Patricia F. Williams