## 2-21-91 B-2196 C FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

730 JENKS AVE

L21099

(1)

Mailing Address

730 JENKS AVE

HK ENTERPRISES OF BAY COUNTY, INC.

14. I do hereby certify that the information supplied with this filing do information indicated on this armual report or supplemental annual arm an officer or director of the cooperation of the receiver or director.

appears in Block 12 d

P O BOX 35086 PANAMA CITY FL 324	(12-2086	P O BOX 35086 PANAMA CITY F	P O BOX 35086 PANAMA CITY FL 32412-5086						
US		US						e of Last Report	
2. Principal Place of	Business	2a. Mailing Add	ress			4. FEI Number			Applied For
21		26				59-2983009			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional Regulred	
City & State		City & State			<del></del>	8. Election Campaign Financing			00 May Be
23		28				Trust Fund Contribution			ed to Fees
Zip	Country	Zip	Co	untry	, , , , , , , , , , , , , , , , , , , ,	8. This corporation has liability for i	ntangible	tax unde	er s. 199.032,
24	25	29	30				Yes [		
9. 1	Name and Address of Curren	t Registered Agent				10. Name and Address of New Re	gistered A	\gent	
COPES, E	BEVERLY A.			81	Name				1
1219 MAI				82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
	VEN FL 32444						····		
•				83					
				84	City			85 2	ip Code
N					<u> </u>		<u> </u>		
11. Pursuant to the poffice or register agent. Lam fami	provisions of Sections 607.0502 ed agent, or both, in the State Iliar with, and accept the obliga	2 and 607.1508, Flori of Florida. Such char ations of, Section 607	da Statutes, the a nge was authorize .0505, Florida Sta	bove d by tutes	e-named corp y the corporati s.	oration submits this statement for the p ion's board of directors. I hereby accep	urpose of at the app	changir ointment	ng its registered as registered
SIGNATURE									ĺ
Signatur	e, typied or printed name of registered ager				aniuper erutengia tre	ed when reinstating)	DATE		
12.	OFFICERS AND		13.		· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE P	ALIILIAA AADALUULI	□ D		TLE				Chan	ge 🔲 Addition
NAME KIT	CHINGS, CAROLYN HALL	COCH AT		IAME					
	1 PARKWAY DR: 3915 2				ADDRESS				
	nama city fl 32405		······································	ITY-S	IT-ZIP				
TITLE V		□ D				•		Chan	ge 🛄 Addition
NAME KITI	CHINGS JR., ROBERT E.	Cam 1 17		IAME					
STREET ADORESS   142	1 PARKWAY DR. 3915	EKRNO CI	2.3 5	TREET	ADDRESS				
	NAMA CITY FL 32405				ST-ZIP	The second se	· · · · · · · · · · · · · · · · · · ·	•	·
DILE ST		LJ 0		ITLE		**		L Chan	ge L.⊒Addition
NAME HAI	L, JOSEPHINE A.	EPEND A	3.21	IAME		in the second se	4.		
STREET ADDRESS 442	H PARKWAY DR. 3915	LLOND DI	3.3	TREET	ADDRESS				
	VAMA CITY FL 32405				ST-ZIP .			P-1	
TITLE		ם ב	ELETE 4.11	ITLE				Chan	ge L_] Addition
NAME:				NAME					
STREET ADDRESS			4.3 3	STREET	ADDRESS				
CITY-ST-7IP					ST - ZIP			<del></del>	
JITLE		□.D	- · · ·					Chan	ge 🗀 Addition
NAME				AME					1
STREET ADDRESS			533	TREET	ADDRESS				
CITY - ST - ZIP					ST-ZIP				
TITLE		□ D	ELETE 6.1	ITLE				Chan	ge 🔲 Addition
NAME			6.2	IAME					ļ
STREET ADORESS			6.3	TREET	ADDRESS				
ı			E .		1				1

10/96 904-784-301

ify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the true and accurate and that my signature shall have the same legal effect as if made under oath; that wered to execute this report as required by Chapter 607, Florida Statutes; and that my name

**FILED** 

Feb 21 1997 8:00am

Secretary of State