

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L42986 (4)

1. Corporation Name

AKW MARKETING, INC.



Principal Place of Business

**4509 NW 23 AVE
SUITE 16
GAINESVILLE FL 32606**

Mailing Address

**4509 NW 23 AVE
SUITE 16
GAINESVILLE FL 32606**

3. Date Incorporated or Qualified

01/17/1990

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HKW ENTERPRISES, INC
2727 N.W. 43RD STREET, SUITE 4
GAINESVILLE FL 32606**

81 Name

WALLACE, HOWARD K JR.

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

ROUTE 2, BOX 2154

83

84 City

MELROSE

FL

85 Zip Code

32666

11. Pursuant to the provisions of Sections 607.0501 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

Howard K. Wallace, Jr. 3/28/96

Signature typed or printed name of registered agent and the corporation

(NOTE: Registered Agent's signature and address must be included)

DATE

12. OFFICERS AND DIRECTORS

TITLE

**PD
WALLACE, HOWARD K.
4509 NW 23 AVE #18
GAINESVILLE FL**

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

**STDV
WALLACE, ANNE M.
4509 NW 23 AVE #18
GAINESVILLE FL**

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

Howard K. Wallace, Jr.

Howard K. Wallace, Jr. 3/28/96 532-377-2240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(13)

Daytime Phone #

CR2E034 (12/95)