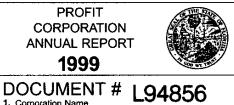
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999

WPKT, INCORPORATED

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90028 028 \*\*\*150.00



	•							
Principal Place of Business Mailing Address						i till till bin i brit aran i bint bint ditt bin		)) #1911 B/B() (99)
RT. 2. BOX 75 RT. 2. BOX 75								
Graceville fl	GRACEVILLE FL 32440	EVILLE FL 32440			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified	10 OI AGE	
						08/13/1990		1
2. Principal Pl	lace of Rusiness	2a. Mailing Address				4. FEI Number		Applied For
¬ · · · · · · · · · · · · · · · · · · ·						59-3028304		Not Applicable
Suite, Apt.	#_etc.	the state of the s	Suite, Apt. #, etc.					Additional
2	<i>"</i> , στο <u>·</u>	— · · · ·	27			5. Certifcate of Status Desired	•	Required
City & State	e	City & State				6. Election Campaign Financing	\$5.0	O May Be
3		28	28			Trust Fund Contribution	-	d to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year	Intangible	
4	25	29 30	<u> </u>			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curr	rent Registered Agent				10. Name and Address of New Registere	d Agent	
			Ī	81	Name			
WOODHAM, WENDALL				82	Street Add	ress (P.O. Box Number is Not Acceptable)		
RT. 2, BOX 75				-	Oneot Addi	( .c. box (autilion to recombinate)		
GRA	CEVILLE FL 32440		ĺ	83				
					0.1		05 7	n Codo
				84	City	F	L  85   Zij	p Code
office or re	egistered agent, or both, in the Sta	502 and 607.1508, Florida Statutes, ite of Florida. Such change was auth gations of, Section 607.0505, Florida	orized	by th	named corp ne corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the app	or changing i ointment as	registered registered
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable. (NOTE: Re	gistered	Agent	signature require	ed when reinstating) DATE		
12.	OFFICERS	AND DIRECTORS	13.		,	ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD	☐ DELETE	1.5 TIT	LE				e
NAME	WOODHAM, WENDALL		1.2 NA	ME		·		
STREET ADDRESS	RT. 2, BOX 75		1.3 STI	REETA	DDRESS			
CITY-ST-ZIP	GRACEVILLE FL		1.4 CIT	Y-ST-	ZIP			
TITLE	STD	☐ DELETE	2.1 TIT	LE			Chang	e Addition
NAME	WOODHAM, PATSY		22 NA	ME				
STREET ADDRESS	RŢ.→2, BOX 75		2.3 STI	REETA	DDRESS			
CITY-ST-ZIP	GRACEVILLE FL		2. 4 Cl	TY-ST-	ZIP			
TITLE		☐ DELETE	3.1 TIT	LΕ			Change	e
NAME			3.2 NA	ME				ı
STREET ADDRESS			3.3 STI	REETA	DDRESS			
CITY-ST-ZIP			3.4. CF	TY-ST-	ZIP			
TITLE		☐ DELETE	4.1 TIT	LE			Chang	e Addition
NAME			4.2 NA	ME.				
STREET ADDRESS			4.3 ST	REET A	ODRESS			
CITY-ST-ZIP			4.4 CIT	Y-ST-	ZIP			
IIILE		☐ DELETE	5.1 Tit	LE			Chang	je 🔲 Addition
NAME			5.2 NA	ME				
STREET ADDRESS			5.3 STI	REETA	ODRESS			
CITY-ST-ZIP	li		5.4 CIT		ZIP			
TITLE		☐ DELETE	6.1 TIT	LE	T		☐ Chang	e
NAME			6.2 NA	ME				
STREET ADDRESS			6.3 ST	REETA	DORESS			
CITY-ST-ZIP			6.4 CIT	TY-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, with all other like empowered.

SIGNATURE: