

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90002 033 ***150.00

DOCUMENT # ~~████████~~ P93000033013

1. Corporation Name

CKW & ASSOCIATES INC

Principal Place of Business

Mailing Address

898 BUTTONWOOD DR
UNIT 202
FORT MYERS BEACH FL 33931

898 BUTTONWOOD DR
UNIT 202
FORT MYERS BEACH FL 33931

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 313 SPRINGDALE DR
203 46th AVE TERRACE WEST

2a. Mailing Address

26 313 SPRINGDALE DR
203 46th AVE TERRACE WEST

3. Date Incorporated or Qualified

05/06/1993

4. FEI Number

65-04-13408

Applied For

Not Applicable

Suite, Apt. #, etc.

22 UNIT 435

Suite, Apt. #, etc.

27 UNIT 435

City & State

23 BRADENTON FL

City & State

28 BRADENTON FL

Zip

24 34210

Country

Zip

29 34210

Country

30 34210

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 Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, CHARLES A
898 BUTTONWOOD DR
UNIT 202
FORT MYERS BEACH FL 33931

81 Name

82 Street Address (If Not Applicable)

203 46th AVE TERRACE WEST

83 UNIT 435

84 City
BRADENTON

FL

85 34210
34210

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME WILLIAMS, CHARLES A
STREET ADDRESS 898 BUTTONWOOD DR UNIT 202
CITY-ST-ZIP FORT MYERS BEACH FL 33931

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME 313 SPRINGDALE DR
1.3 STREET ADDRESS 203 46th AVE TERRACE WEST
1.4 CITY-ST-ZIP BRADENTON FL 34210 34210

TITLE ☐ DELETE
NAME WILLIAMS, KAY H
STREET ADDRESS 898 BUTTONWOOD DR UNIT 202
CITY-ST-ZIP FORT MYERS BEACH FL 33931

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME 313 SPRINGDALE DR
2.3 STREET ADDRESS 203 46th AVE TERRACE WEST
2.4 CITY-ST-ZIP BRADENTON FL 34210 34210

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: Charles A. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99

Date

513-232-4348

941-727-9624

Daytime Phone #

CR2E034 (11/98)