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

PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS

STREET ADDRESS

CHY-SI-ZIP

017 y - \$1 - 719

TITLE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State 1996 DIVISION OF CORPORATIONS P93000035469 (4) **DOCUMENT #** Corporation Name W. KIRK AND ASSOCIATES, INC. Principal Place of Business Mailing Address 1100 TROON DRIVE W. 1100 TROON DRIVE W. NICEVILLE FL 32578 NICEVILLE FL 32578 3. Date Incorporated or Qualified 3a. Date of Last Report 05/13/1993 01/23/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 54-1511230 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Žφ 8. This corporation has liability for intangitule tax under s 199.032, Florida Statutes Yes No Country 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 KIRK, WILLIAM L 82 Street Address (P.O. Box Number is Not Acceptable) 1100 TROON DRIVE W. NICEVILLE FL 32578 83 84 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 Signature, typied or printed name of registered agent and little d'applicable (NO°E Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THEF DELETE 1 1 TITLE Change ■ Addition NAME KIRK, WILLIAM L. 1.2 NAME STREET ADDRESS 1100 TROON DRIVE WEST 1.3 STREET ADDRESS NICEVILLE FL CITY - ST - ZIF 1.4 CITY-ST-ZIP $bi_{-\ell}$ DELETE 2 1 Title Channe Addition NAME KIRK, NANCY M. 22 NAME STREET ADDRESS 1100 TROON DRIVE WEST 23 STREET ADDRESS 011Y-S1-7IP NICEVILLE FL 24 CITY-ST-ZIP TILE DELETE 3 1 THILE Change ☐ Addition NAME 3.2 NAME STEEL LADDRESS 3.3 STREET ADDRESS CITY - ST-7IP 3.4 CITY - ST- ZIP THE DELETE 4 1 TITLE Change ■ Addition NAMI 4.2 NAME STREET ADDRESS 4.3 STHEET ADDRESS CHY-S1-ZIF 4.4 CITY - ST - ZIP HILE DELETE 5 1 Till F ☐ Change ☐ Addition NAME 5.2 NAME

64 CITY - ST-ZIP 14. I do horeby 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 cath; 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

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-\$1-ZIP

6 1 TITLE

62 NAME

DELETE

SIGNATURE

CR2E034 (12/95)

☐ Change

☐ Addition