FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 20 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000078354 (6)**

1. Corporation Name
B.W.K. INC.

Principal Place of Business	Mailing Address
17952 US 19 N CLEARWATER FL 34624 US	~~588 WEXFORD DR. EAST~~ ~~PALM HARBOR FL 34683~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/12/1993**
3a. Date of Last Report: **04/18/1994**

2. Principal Place of Business	2a. Mailing Address
21	26 1451 Briarwood Ct
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Safety Harbor FL
Zip / County 24 / 25	Zip / County 29 34695 / 30 ~~FE~~ USA

4. FEI Number: **65-0447491** ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FLAMAND, PHILIP M. ~~588 WEXFORD DR E.~~ ~~PALM HARBOR FL 34683~~	81 Name: SAME 82 Street Address (P.O. Box Number is Not Acceptable): 1451 Briarwood Ct 83 84 City: Safety Harbor FL 85 Zip Code: 34695

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: Philip M Flamand Sec/Tres 4/13/95
(Signature of good 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	T	11 TITLE	☒ Change ☐ Addition
NAME	FLAMAND, PHILIP M	12 NAME	
STREET ADDRESS	~~588 WEXFORD DR. EAST~~	13 STREET ADDRESS	1451 Briarwood Ct
CITY-ST-ZIP	~~PALM HARBOR FL~~	14 CITY-ST-ZIP	Safety Harbor FL 34695
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, ROBERT M	22 NAME	
STREET ADDRESS	1299 MINHINETTE DR.	23 STREET ADDRESS	
CITY-ST-ZIP	ROSEWELL GA	24 CITY-ST-ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	JEFFERY, JAMES S	32 NAME	
STREET ADDRESS	1451 BRIARWOOD CT.	33 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL	34 CITY-ST-ZIP	
TITLE	P	41 TITLE	☐ Change ☐ Addition
NAME	BERGERON, DON C	42 NAME	
STREET ADDRESS	2738 ROOSEVELT BLVD., SUITE 513	43 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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 addition.

SIGNATURE: Philip M Flamand 4/13/95 813 796 3903
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)
PHILIP M FLAMAND

000620 CP