

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  
Apr 07, 1999 8:00 am  
Secretary of State

04-07-1999 90032 050 \*\*\*150.00

DOCUMENT # P93000078354

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



Principal Place of Business  
17062 US 10 N 7 343 CHOUSEWAY BLVD  
CLEARWATER FL 34624 Duneedin, FL  
US 34698

Mailing Address  
1451 BRIARWOOD CT.  
SAFETY HARBOR FL 34695  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	11/12/1993	65-0447491	Not Applicable
22 Suite, Apt., #, etc.	27 Suite, Apt., #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24 Zip	29 Zip	8. This corporation owes the current year Intangible Personal Property Tax.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
25 Country	30 Country			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLAMAND, PHILIP M.  
1451 BRIARWOOD CT.  
SAFETY HARBOR FL 34695

81 Name JOHN E. BARBOUR  
82 Street Address (P.O. Box Number is Not Acceptable) 3765-A SHORE BLVD  
83  
84 City OLDSMAR FL 85 Zip Code 34661

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 John E. Barbour DATE 4/2/99  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLAMAND, PHILIP M	1.2 NAME	
STREET ADDRESS	1451 BRIARWOOD CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, ROBERT M	2.2 NAME	
STREET ADDRESS	1299 MINHINETTE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROSEWELL GA	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFERY, JAMES S	3.2 NAME	
STREET ADDRESS	1451 BRIARWOOD CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBOUR, JOHN E	4.2 NAME	
STREET ADDRESS	3765-A SHORE BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/1/98)