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

PROFIT ,
CORPORATION
ANNUAL REPORT
1997
OCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000010141 (7)

FILED 97 JUL -3 PM 1:38

1. Corporation Name K. W. SERVICES, INC  Principal Place of Business PO BOX 1577 POESTIN FL 32540  Mailing Address PO BOX 1577 POESTIN FL 32540-1577							SECRETARY OF STATE TALLAHASSEE, FLORIDA	
				• • •			3. Date Incorporated or Qualified	3a. Date of Last Report
							02/03/1994	04/25/1996
	Place of Busin	ness	2e. Mailing A	ddress			4. FEI Number	Applied For
Suite, Apt			26	Suite, Apt. #, etc.			<u>59-3228462</u>	Not Applicable
22 Suite, Apr	i. #, <del>U</del> IC.		<u> </u>	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ate .			City & State			6. Election Campaign Financing	\$5.00 May Be
23	·		28	· · · · · · · · · · · · · · · · · · ·			Trust Fund Contribution	☐ Added to Fees
Zip		Country	Zip		Country		8. This corporation has liability for in	tangible tax under s. 199.032, Yes
24	9. Name	and Address of Cu	29 rrent Registered Age	nt	30		Florida Statutes  10. Name and Address of New Reg	
FLI	EET, H B	·			81	Name		
	1 EGUN PH	(WY				Street Ac	ddress (P.O. Box Number is Not Acceptable	9)
* SHALIMAR FL 32579					82			
	٠				83			
					84	City		FL 85 Zip Code
SIGNATURE		or printed name of registers	agent and title if applicable				orporation submits this statement for the puration's board of directors. I hereby accept quired when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE
TITLE	D			] DELETE	1.1 TITLE	:	WISE KELLULL	Change Addition
NAME CTOSET ADDRESS	WISE, KE				1.2 NAME	1000000	WISE KELLY L 535 STREET ST DEGIN TO 30541	
STREET ADDRESS CITY-ST-ZIP	DESTIN F				1.3 STREET 1.4 City - S	AUURESS	DEGUN [1. 2054]	
TITLE	DEGINT	L 02010		DELETE	2.1 TITLE	1-215	peoria to bost	Change Addition
NAME					2.2 NAME			
STREET ADDRESS	į				23 STREET	- 1	0000022	241903
CITY-ST-ZIP	<del> </del>			DELETE	2. 4 Crty - 9 3.1 Title	I-24P	0000022	7-01104-006
NAME			_	, , , , , ,	3.2 NAME		####165	5.00 *****165.00
STREET ADDRESS					3.3 STREE1	ADDRESS		
CITY-ST-ZIP	<del> </del>			Louisse	3.4. CITY - S	IT-ZIP		
TITLE NAME			L	J DELETE	4.1 TITLE			∐ Change ∐ Addition
STREET ADDRESS					4. 2 NAME 4.3 STREET	ADDRESS		
CITY-ST-ZIP	}				4.4 CITY-S			
TITLE			L	DELETE	5.1 TITLE			Change Addition
NAME					5.2 NAME			
STREET ADDRESS					5.3 STREET	- 1		
CITY-ST-ZIP TITLE	<del> </del> -			DELETE	54 CITY-S 61 TITLE	1-21		Charte Addition
NAME	1				6.2 NAME			[XX]
STREET ADDRESS					6.3 STREET	ADDRESS		(177
CITY-ST-ZIP	1				6.4 CITY - ST	1- ZIP		

14. I do 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 frue 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 frustee 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.

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ingreed, or on an attachment with an address.

Mida

CR2E034 (9/96)