

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000085182 (0)**

1. Corporation Name

**BADCOCK OF WINTER HAVEN, INC.**

**WKPS** →

*This Name Has Already been Approved*



Principal Place of Business  
**1507 HAVENDALE BLVD  
WINTER HAVEN FL 33881**

Mailing Address  
**1507 HAVENDALE BLVD A/c 2-26-96  
WINTER HAVEN FL 33881**  
*SG.*

3. Date Incorporated or Qualified **11/01/1995** 3a. Date of Last Report **1st Report**

2. Principal Place of Business 21 **26** 2a. Mailing Address **903 US Hwy 27 N**

4. FEI Number **59-3347283** Applied For Not Applicable

Suite, Apt. #, etc. 22 27

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State 23 **28** **Haines City FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip 24 **25** **33844** Country 29 30

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**

**POU, WILLIAM K, Jr.  
903 US HWY 27 N  
HAINES CITY FL 33844**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **4/22/96**

**12. OFFICERS AND DIRECTORS** **13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>POU, WILLIAM K, Jr. President</b>	
STREET ADDRESS	<b>1507 HAVENDALE BLVD</b>	
CITY - ST - ZIP	<b>WINTER HAVEN FL 33881</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Pou Jr., William K.</b>	
13 STREET ADDRESS	<b>903 US Hwy 27 N</b>	
14 CITY - ST - ZIP	<b>Haines City</b>	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>800001808578</b>	
43 STREET ADDRESS	<b>-05/06/96--01023--020</b>	
44 CITY - ST - ZIP	<b>***200.00</b>	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
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)(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 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.

SIGNATURE: *[Signature]* DATE: **4/22/96**

5024 (12/95)