

OND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION  
ANNUAL REPORT  
**1999**

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS



**FILED**  
**Sep 15, 1999 8:00 am**  
**Secretary of State**  
09-15-1999 90001 044 \*\*\*550.00

OCUMENT # **P96000058936**

Corporation Name  
**T.K.W. OF CENTRAL FLORIDA, INC.**

Principal Place of Business  
**0 HWY 27 SOUTH  
TE 100  
NES CITY FL 33844**

Mailing Address  
**37 SARGENT STREET  
HAINES CITY FL 33844**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/12/1996</b>	
4. FEI Number <b>59-3393087</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>HENDRICKS, STEVE L 37 SARGENT STREET HAINES CITY FL 33844</b>	
10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code <b>FL</b>

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.

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE			
ET ADDRESS ST-ZIP	<b>DPST HENRICKS, STEVE L 37 SARGENT STREET HAINES CITY FL 33844</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	1.2 NAME	
ET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
ET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
ET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	2.2 NAME	
ET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
ET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
ET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	3.2 NAME	
ET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
ET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
ET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	4.2 NAME	
ET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
ET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
ET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	5.2 NAME	
ET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
ET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
ET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	6.2 NAME	
ET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
ET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

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.

GNATURE: **Steve L Hendricks** **Steve L Hendricks** 9-7-99 941-422-4999

CR2E034 (5/99)