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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000092997 (1)



97 APR 29 PH 2: 22

SECRETARY OF STATE TALLAHASSEE, FLORIDA

| • | WK CONSTRUCTION, IN | • - | | | | TALLAHASSE | | | | |
|---|---|---|--|-----------------------|--------------------------|---|---------------------|----------------------------|---------------------------------------|--|
| Principal Place of Business Mailing Address | | | | | | I INDEKNOTE KRA INKAL OKUK OBUK NAMI NAMI KALIN ENDIN HINW KALIK KOLIN HODI HODI | | | | |
| 49 MARIE CIRCLE CRAWFORDVILLE FL 32327 49 MARIE CIRCLE CRAWFORDVILLE FL 32327 | | | | 2248 | | | | | | |
| | | | | | | 3. Date Incorporated or Qualified | 3a. D. | ate of Last F | Report | |
| | 4 | | | | | 11/13/1996 | | | | |
| 2. Principal Piace of Business | | 2a. Mailing Address | | | | 4. FEI Number | | F-3 | pplied For | |
| Suite, Apt. # | t alo | 26 Suite, Apt. #, etc. | | | | | | | ot Applicable Additional | |
| 22 | , ero | 27 | | | | 5. Certificate of Status Desired | | | Additional equired | |
| £1. City & State | | City & State | | | | 6. Election Campaign Financing | | | May Be | |
| 3 | | 26 | | | | Trust Fund Contribution | | | to Fees | |
| Ζιρ | Country | Zip | | intry | | 8. This corporation has liability for in | | | s. 199.032, | |
| 4 | 25 | 29 | 30 | · · · · · · | | | Yes [| | | |
| | 9, Name and Address of Curre | mt Registered Agent | | 81 | Name | 10. Name and Address of New Reg | istered | Agent | · · · · · · · · · · · · · · · · · · · | |
| | N, FAITH | | i | | | | | | | |
| | NNA LANE | | | 82 5 | Street Addr | ess (P.O. Box N m) (7 HN) Absebte 05/02/9 | 2-0 | H13 | 002 | |
| CHA | WFORDVILLE FL 32327 | | | 83 | *** | ****16S | . (UL) | **** | 65. OO | |
| | | | i | | | 4444100 | • L/L/ | | | |
| | _ | | | 84 (| City | | FL | 85 Zip | Code | |
| 11. Pursuani to office or re agent. Lan | o the provisions of Sections 607.0 gistered agent, or both, in the Stat h familiar with and seep? "A half | i02 and 607.1508, Florida Statu e of Torida, Such change was earthing of, Section 607.0505, F | ites, the a authorize lorida প্ৰ | bove-n d by th | amed corp le corporat | oration submits this statement for the pi ion's board of directors. I hereby accep | irpose o the app | f changing is cointment as | its registered s registered | |
| SIGNATURE _ | | | ز س | | | | | | | |
| 12. | | ije i, and title ir applicably (NO ND DIRECTORS | TE Registere | d Agent s | lignature requir | ed when reinstating) ADDITIONS/CHANGES TO OFFIC | DATE EDS AND | O DIRECTO | RS IN 12 | |
| TAILE | P | DELETE | 1.1 7 | ITLE | | ADDITIONS OF INTEGER TO OFFICE | LIND MIL | Change | Addition | |
| NAME | GRAY, LISA M | | 1.2 N | | | | | | | |
| STREET ADDRESS | 49 MARIE CIRCLE | | 1.3 S | TREET AD | ORESS | | | | | |
| COY-SI-ZIP | CRAWFORDVILLE FL 32327 | | 1,4 C | ITY-ST-Z | ZIP | | | | | |
| Tifle | D | DELETE | 2.1 Tr | ITLE | | | | Change | Addition | |
| NAME | ALLEN, FAITH | | 22 N | IAME | | | | | | |
| SIREET ADORESS | 31 LINNA LANE | | 235 | THEET AD | DRESS | | | | | |
| CHY-SI-ZIP | CRAWFORDVILLE FL 32327 | ☐ DELETE | | CITY - ST - : | ZIP | | | Change | Addition | |
| TITLE | | | 3.1 Ti | | | | | L. Change | E Hourion | |
| NAME Descriptions | | | 3.2 N | | PDECO | | | | | |
| STREET ADDRESS | | | - 1 | TREET AD City-St-1 | | | | | | |
| DITY - S1 - ZIP T-TLE | | DELETE | 4.1 TJ | | | | | Change | Addition | |
| NAME | | | 4.2 h | NAME | 1 | | | | | |
| STHEET ADDRESS | | | 4.3 \$ | TREET AD | DRESS | • | | | | |
| CITY-ST-ZIP | | | 4.4 C | ITY-ST-Z | ZIP | | | | | |
| TITLE | A | ☐ DELETE | 5.1 Ti | ITLE | | 1 a | | Change | Addition | |
| NAME | | | 5.2 N | IAME | [| a.a. | W | ン | | |
| STREEL ADDRESS | | | 5.3 S | IREET AD | DRESS | $u \omega$ | .7 | 127 | | |
| CHY-S1-Zif | | T bever | | HY-ST-Z | <u>/iP</u> | | 1-74-1 | 41 | T A Addition | |
| TITLE | | DELETE | 6.1 TI | | ļ | 9/ | M | LE Unange | Addition | |
| NAME STATE AND THE STATE OF | | | 6.2 N | | POBLEC | 7 | ٠ | | | |
| STREET ADDRESS | | | 1 | TREET AD | 1 | | | | • | |
| City-St-ZiP 14. I do hereb | y cert ly that the information suppli | ied with this tiling does not qua | | exemi | | in Section 119.07(3)(i), Florida Statutes | . I furthe | or certify tha | t the | |
| intermetica | cindicated on this angual report or | cunniamental appuiel ronari le | true and : | annura. | to and that | my signature shall have the same legal t as required by Chapter 607, Florida Si | a tootta | e if made ur | ndar oeth: the | |

SIGNATURE:

RINTED NAME OF SIGNING OF THE OR DIRECTOR

Daytime Phone i

0050355