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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90012 049 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000043245

1. Corporation Name

WSK DEVELOPMENT CORPORATION

Principal Place of Business

3974 TAMPA RD.
OLDSMAR FL 34677

Mailing Address

P. O. BOX 1063
OLDSMAR FL 34677

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1998

4. FEI Number

59-3510256

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

30

9. Name and Address of Current Registered Agent

GALBRAITH, MILTON A
3974 TAMPA RD.
OLDSMAR FL 34677

10. Name and Address of New Registered Agent

81 Name

Bryan A. Kutchins

82 Street Address (P.O. Box Number is Not Acceptable)

83

3974 TAMPA ROAD

84 City

OLDSMAR, FL

85 Zip Code

34677

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/99

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME GALBRAITH, MILTON A
STREET ADDRESS 3974 TAMPA RD.
CITY-ST-ZIP OLDSMAR FL 34677

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME Bryan A. Kutchins
1.3 STREET ADDRESS 3974 TAMPA ROAD
1.4 CITY-ST-ZIP OLDSMAR, FL 34677

2.1 TITLE D, P ☐ Change ☒ Addition
2.2 NAME Walters, Kutchins
2.3 STREET ADDRESS 3974 TAMPA ROAD
2.4 CITY-ST-ZIP OLDSMAR, FL 34677

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 #

4/15/99 813 8554663