

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000012819

Entity Name: AWKNG, INC.**Current Principal Place of Business:**1000 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204**Current Mailing Address:**PO BOX 551341
JACKSONVILLE, FL 32255 US**FEI Number:** 85-3914697**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HAWK, ASHLEY
9555 RG SKINNER PARKWAY
JACKSONVILLE, FL 32256 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** ASHLEY HAWK

04/19/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name WEEMS, CHARLES STOVALL
Address 1000 RIVERSIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32204

Title SECRETARY
Name HAWK, ASHLEY
Address 1000 RIVERSIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32204

Title TREASURER
Name KING, ANDREW
Address 1000 RIVERSIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR
Name BROOKS, CHRISTOPHER
Address 1000 RIVERSIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR
Name SCHWARTZ, BRYAN
Address 1000 RIVERSIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR
Name SCHWARTZ, DIANE
Address 1000 RIVERSIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR
Name WILBUR, PAUL
Address 1000 RIVERSIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR
Name WILBUR, LUANN
Address 1000 RIVERSIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32204

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ASHLEY HAWK**SECRETARY**

04/19/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	THOMAS, TRACY
Address	1025 BUCKBEAN BRANCH LANE WEST
City-State-Zip:	JACKSONVILLE FL 32259