

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000012819

**Entity Name:** AWKNG, INC.

**Current Principal Place of Business:**

9978 VINEYARD LAKE RD  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

PO BOX 23621  
JACKSONVILLE, FL 32241 US

**FEI Number:** 85-3914697

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

ADCOX, KARLA  
9978 VINEYARD LAKE RD E  
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:** KARLA ADCOX

01/30/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name LANIER, PRESTON WAYNE  
Address 9978 VINEYARD LAKE RD  
City-State-Zip: JACKSONVILLE FL 32256

Title PRESIDENT, DIRECTOR  
Name ADCOX, KARLA  
Address 9978 VINEYARD LAKE RD E  
City-State-Zip: JACKSONVILLE FL 32256

Title SECRETARY, TREASURER,  
DIRECTOR  
Name WILSON, DAWN  
Address 9978 VINEYARD LAKE RD E.  
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR  
Name HEISER, DRENNA  
Address PO BOX 23621  
City-State-Zip: JACKSONVILLE FL 32241

Title DIRECTOR, CHAIRMAN  
Name LIPPINCOTT, STEPHANIE  
Address PO BOX 23621  
City-State-Zip: JACKSONVILLE FL 32241

*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:** KARLA ADCOX

PRESIDENT

01/30/2024

Electronic Signature of Signing Officer/Director Detail

Date