



COPY

**STATE OF ARIZONA
CORPORATION COMMISSION
CORPORATION ANNUAL REPORT
& CERTIFICATE OF DISCLOSURE**



00698227

DUE ON OR BEFORE 06/07/2002

FY01-02

FILING FEE \$45.00

The following information is required by A.R.S. §§10-1622 & 10-11622 for all corporations organized pursuant to Arizona Revised Statutes, Title 10. The Commission's authority to prescribe this form is A.R.S. §§10-121.A. & 10-3121.A. ~~THIS REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM.~~ Make changes or corrections where necessary. Information for the report should reflect the current status of the corporation. See instructions for proper format. **REFER TO THE INSTRUCTIONS ON PAGE 4.**

RECEIVED RECEIVED

1. -0877811-6

SURWIK, INCORPORATED

~~% BRENT L. AINSWORTH~~ *PO BOX 352*

~~2122 N VILLA CT~~

~~TEMPE, AZ 85282~~

MORRISTOWN AZ 85342

MAY 02 2003

MAR 07 2003

ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

* **DELINQUENT ANNUAL REPORT 10/09/2002; CONTACT THE COMMISSION AT 602-542-3285!**

Business Phone: *602-388-2234* ~~(Business phone is optional)~~

State of Domicile: **ARIZONA**

Type of Corporation: **BUSINESS**

2. Statutory Agent: **SHIRLEY WICKHAM**

Mailing Address: **42206 N CASTLE HOT SPRINGS RD**

City, State, Zip: **MORRISTOWN, AZ 85342**

Physical Address, If Different.

Physical Address:

City, State, Zip:

NO \$ 5.703

ACC USE ONLY

Fee \$ *45*

Penalty \$ *81*

Reinstate \$ _____

Expedite \$ _____

Resubmit \$ _____

Use this box only if appointing a new Statutory Agent

Appointing a new statutory agent. The new agent MUST consent to this appointment by signing below.

I, (individual) or We, (corporation or limited liability company) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law.

Signature of new Statutory Agent

By *3/7/03 552205 589645*

3. Secondary Address:

(This section)

4. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation.

BUSINESS CORPORATIONS

- | | |
|---|--|
| <input type="checkbox"/> 1. Accounting | <input type="checkbox"/> 20. Manufacturing |
| <input type="checkbox"/> 2. Advertising | <input type="checkbox"/> 21. Mining |
| <input type="checkbox"/> 3. Aerospace | <input type="checkbox"/> 22. News Media |
| <input type="checkbox"/> 4. Agriculture | <input type="checkbox"/> 23. Pharmaceutical |
| <input type="checkbox"/> 5. Architecture | <input type="checkbox"/> 24. Publishing/Printing |
| <input type="checkbox"/> 6. Banking/Finance | <input type="checkbox"/> 25. Ranching/Livestock |
| <input type="checkbox"/> 7. Barbers/Cosmetology | <input type="checkbox"/> 26. Real Estate |
| <input type="checkbox"/> 8. Construction | <input type="checkbox"/> 27. Restaurant/Bar |
| <input checked="" type="checkbox"/> 9. Contractor | <input type="checkbox"/> 28. Retail Sales |
| <input type="checkbox"/> 10. Credit/Collection | <input type="checkbox"/> 29. Science/Research |
| <input type="checkbox"/> 11. Education | <input type="checkbox"/> 30. Sports/Sporting Events |
| <input type="checkbox"/> 12. Engineering | <input type="checkbox"/> 31. Technology(Computers) |
| <input type="checkbox"/> 13. Entertainment | <input type="checkbox"/> 32. Technology(General) |
| <input type="checkbox"/> 14. General Consulting | <input type="checkbox"/> 33. Television/Radio |
| <input type="checkbox"/> 15. Health Care | <input type="checkbox"/> 34. Tourism/Convention Services |
| <input type="checkbox"/> 16. Hotel/Motel | <input type="checkbox"/> 35. Transportation |
| <input type="checkbox"/> 17. Import/Export | <input type="checkbox"/> 36. Utilities |
| <input type="checkbox"/> 18. Insurance | <input type="checkbox"/> 37. Veterinary Medicine/Animal Care |
| <input type="checkbox"/> 19. Legal Services | <input type="checkbox"/> 38. Other _____ |

NON-PROFIT CORPORATIONS

- | |
|--|
| <input type="checkbox"/> 1. Charitable |
| <input type="checkbox"/> 2. Benevolent |
| <input type="checkbox"/> 3. Educational |
| <input type="checkbox"/> 4. Civic |
| <input type="checkbox"/> 5. Political |
| <input type="checkbox"/> 6. Religious |
| <input type="checkbox"/> 7. Social |
| <input type="checkbox"/> 8. Literary |
| <input type="checkbox"/> 9. Cultural |
| <input type="checkbox"/> 10. Athletic |
| <input type="checkbox"/> 11. Science/Research |
| <input type="checkbox"/> 12. Hospital/Health Care |
| <input type="checkbox"/> 13. Agricultural |
| <input type="checkbox"/> 14. Animal Husbandry |
| <input type="checkbox"/> 15. Homeowner's Association |
| <input type="checkbox"/> 16. Professional, commercial |
| <input type="checkbox"/> 17. Industrial or trade association |
| <input type="checkbox"/> 17. Other _____ |

5. CAPITALIZATION: (PLEASE TYPE OR PRINT CLEARLY. YOU MUST LIST AT LEAST ONE.)

Business trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate. Please examine the corporation's original Articles of Incorporation for the amount of shares authorized. Review all corporation amendments to determine if the original number of shares has changed. Examine the corporation's minutes for the number of shares issued.

Number of Shares/Certificates Authorized

Class

Series Within Class (if any)

two

Number of Shares/Certificates Issued

Class

Series Within Class (if any)

n/a**6. SHAREHOLDERS:** (PLEASE TYPE OR PRINT CLEARLY. YOU MUST LIST AT LEAST ONE.)

List shareholders holding more than 20% of any class of shares issued by the corporation, or having more than a 20% beneficial interest in the corporation. PLEASE TYPE OR PRINT CLEARLY.

Name: James D. Wickham

Name: _____

NONE ☐Name: Shirley A. Wickham

Name: _____

7. OFFICERS

PLEASE TYPE OR PRINT CLEARLY.

YOU MUST LIST AT LEAST ONE.

Name: James D. WickhamName: Shirley A. WickhamTitle: PresTitle: Sec/TreasAddress: P O Box 352Address: P O Box 352Morristown Az 85342Morristown, Az 85342

Date taking office: _____

Date taking office: _____

Name: _____

Name: _____

Title: _____

Title: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

8. DIRECTORS

PLEASE TYPE OR PRINT CLEARLY.

YOU MUST LIST AT LEAST ONE.

Name: James D. WickhamName: Shirley A. WickhamAddress: P O Box 352Address: P O Box 352Morristown Az 85342Morristown Az 85342

Date taking office: _____

Date taking office: _____

Name: _____

Name: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

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FINANCIAL DISCLOSURE (A.R.S. §10-11622.A.9)

Nonprofit corporations **must attach** a financial statement (e.g. income/expense statement, balance sheet including assets, liabilities). All other forms of corporations are exempt from filing a financial disclosure.

I. MEMBERS (A.R.S. § 10-11622.A.6) Only Nonprofit Corporations must answer this question.

This corporation **DOES** ☐ **DOES NOT** ☐ have members.

I. CERTIFICATE OF DISCLOSURE (A.R.S. §§10-1622.A.8 & 10-11622.A.7)

Is ANY person serving either by election or appointment as an officer, director, trustee, incorporator and/or person controlling or holding more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation been:
Underlined portion pertains to business corporations only

Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate?

Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate?

Or are subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven year period immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order involved the violation of:

(a) fraud or registration provisions of the securities laws of that jurisdiction, or

(b) the consumer fraud laws of that jurisdiction, or

(c) the antitrust or restraint of trade laws of that jurisdiction?

One box must be marked:

YES ☐

NO ☒

"YES", the following information must be submitted as an attachment to this report for each person subject to one or more of the actions stated in Items 1. through 3. above.

Full name and prior names used.

Full birth name.

Present home address.

Prior addresses (for immediate preceding 7 year period).

5. Date and location of birth.

6. Social Security Number

7. The nature and description of each conviction or judicial action; the date and location; the court and public agency involved, and the file or cause number of the case.

. STATEMENT OF BANKRUPTCY, RECEIVERSHIP or CHARTER REVOCATION (A.R.S. §§10-202.D.2, 10-3202.02, 10-1623 10-11623)

Has the corporation filed a petition for bankruptcy or appointed a receiver? One box must be marked: **YES** ☐ **NO** ☒

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and/or person controlling or holding more than 20% of the issued and outstanding common shares or 20% of any other proprietary, beneficial or membership interest in the corporation served in such capacity or held a 20% interest in any other corporation during the bankruptcy, receivership, or charter revocation of the other corporation? [Underlined portion pertains to business corporations only]

One box must be marked:

YES ☐

NO ☒

"YES" to A and/or B, the following information must be submitted as an attachment to this report for each person subject to the item above:

The names and addresses of each corporation and the person or persons involved. (e.g. officer, director, trustee or major stockholder)

The state in which each corporation was a) incorporated b) transacted business.

The dates of corporate operation.

If any involved person (listed in #1) has been involved in any other bankruptcy proceeding within the past year, the name and address of each corporation.

Date, Case number and Court where the bankruptcy was filed or receiver appointed.

Name and address of court appointed receiver.

I. SIGNATURES: Annual Reports must be signed and dated by at least one duly authorized officer or they will be rejected.

I declare, under penalty of law that all corporate income tax returns required by Title 43 of the Arizona Revised Statutes have been filed with the Arizona Department of Revenue. I further declare under penalty of law that I (we) have examined this report and the certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.

Name Shirley A. Wickham Date 3/5/03 Name _____ Date _____

Signature Shirley A. Wickham Signature _____

Title Sec/Treas. Title _____

(Signator(s) must be duly authorized corporate officer(s) listed in section 7 of this report.)