

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR -4 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 414160 (2)

1. Corporation Name

M & W CONSTRUCTION COMPANY, INC.

Principal Place of Business

**4462 CLINTON STREET
MARIANNA FL 32446
US**

Mailing Address

**4462 CLINTON STREET
P. O. BOX 419
MARIANNA FL 32447
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/06/1972

3a. Date of Last Report

06/10/1994

4. FEI Number

59-1429136

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WIMBERLY, W.E.
3308 PARKRIDGE RD
PARK SUB-DIVISION
MARIANNA FL 32446**

81 Name

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

83

84 City

FL

85 Zip Code

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 reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY- ST - ZIP

PD

WIMBERLY, W.E.

3308 PARKRIDGE ROAD

MARIANNA FL

TITLE

NAME

STREET ADDRESS

CITY- ST - ZIP

V

WIMBERLY, RICHARD D.

4437 SPRING VALLEY ROAD

MARIANNA FL

TITLE

NAME

STREET ADDRESS

CITY- ST - ZIP

V

WIMBERLY, REX S.

4421 SPRING VALLEY ROAD

MARIANNA FL

TITLE

NAME

STREET ADDRESS

CITY- ST - ZIP

ST

WIMBERLY, FAY S.

3308 PARKRIDGE ROAD

MARIANNA FL

TITLE

NAME

STREET ADDRESS

CITY- ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 recorder or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

W. E. Wimberly
W. E. WIMBERLY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 13, 1995

Date

904-526-2678

Telephone Number