

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSAPPROVED
AND
FILED

95 MAR 10 PM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**DOCUMENT # F80458 (5)**

1. Corporation Name

A & W DEVELOPMENT, INC.

Principal Place of Business

**11000-S METRO PKWY
FT MYERS FL 33912**

Mailing Address

**11000-S METRO PKWY
FT MYERS FL 33912**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/10/1982

3a. Date of Last Report

02/11/1994

4. FEI Number

59-2235818

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution**\$5.00** May Be
Added to Fees8. 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

**HILL, ALLEN L.
13273 WHITE MARSH LN. #307
FT MYERS FL 33912**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

ST

NAME

PURVIS, JUDITH R.

STREET ADDRESS

12740 CHARTWELL DR.

CITY- ST- ZIP

FT MYERS, FL 0

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE

P

NAME

HILL, ALLEN L

STREET ADDRESS

4925 S.W. 11TH PLACE

CITY- ST- ZIP

CAPE CORAL FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE

VP

NAME

HILL, WILLIAM H

STREET ADDRESS

8371 ARBORFIELD CT.

CITY- ST- ZIP

FT MYERS, FL 0

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

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 110.07(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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALLEN L. HILL**March 1, 1995 (813) 275-7070**

Date

Telephone Number