


FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90015 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P99000000090

1. Corporation Name

P & W COMPANY, INC.

Principal Place of Business 5935 STATE RD 542 W WINTER HAVEN FL 33880	Mailing Address 5935 STATE RD 542 W WINTER HAVEN FL 33880
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 12/31/1998		4. FEI Number 59-3550065		Applied For Not Applicable	
24		25		29		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
								6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
								8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PHILLIPS, JAMES M 385 LAKE HOWARD DRIVE SW WINTER HAVEN FL 33880				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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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 re-registering)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME PRESIDENT				1.2 NAME			
STREET ADDRESS JAMES M. PHILLIPS				1.3 STREET ADDRESS			
CITY-ST-ZIP 385 LAKE HOWARD DR SW				1.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME VICE PRESIDENT				2.2 NAME KENNETH M. WEBER			
STREET ADDRESS 385 LAKE HOWARD DR SW				2.3 STREET ADDRESS 521 20TH STREET			
CITY-ST-ZIP WINTER HAVEN FL 33880				2.4 CITY-ST-ZIP WINTER HAVEN FL 33880			
TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME SECRETARY				3.2 NAME CHRISTINE M. PHILLIPS			
STREET ADDRESS 385 LAKE HOWARD DR SW				3.3 STREET ADDRESS 385 LAKE HOWARD DR SW			
CITY-ST-ZIP WINTER HAVEN FL 33880				3.4 CITY-ST-ZIP WINTER HAVEN FL 33880			
TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME TREASURER				4.2 NAME JOHN M. WEBER			
STREET ADDRESS 521 20TH ST				4.3 STREET ADDRESS 521 20TH ST			
CITY-ST-ZIP WINTER HAVEN FL 33880				4.4 CITY-ST-ZIP WINTER HAVEN FL 33880			
TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *James M. Phillips* **SIGNATURE REQUIRED** 3/20/99 941-551-1820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)