## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000072696 1. Corporation Name

SELPAW ENTERPRISES, INC.

Mailing Address

## **FILED** Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90062 039 \*\*\*150.00



Principal Place	of Business	Mailing Address			
1913 DREW ST 1404 WOOD AVENUE					
CLEARWATER FL 33765-024 US		CLEARWATER FL 34615-2857		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	TO OF AGE
ļ				08/29/1996	
				4. FEI Number	Applied For
— 10i.s	ace of Business	2a. Mailing Address	6+	59-3400171	Not Applicable
		<u> </u>	39-3400171	\$8.75 Additional	
Suite, Apt. #, etc. Suite, Apt. #, etc.			5, Certificate of Status Desired	Fee Required	
22 27 Ciby & State					
City & State			Fl.	6. Electic n Campaign Financing	\$5.00 May Be Added to Fees
23 01 000 001 00 11		20		Trust Fund Contribution	
Zip	Country	一つうつべて つかいし	Country Praclas	8. This corporation owes the current year	rntangible ☐ Yes ►ZNo
24 33765			LINELINZ		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name					
WAPLES, J R SR					
1404 WOOD AVENUE			82 Street	Address (P.O. Box Number is Not Acceptable)	
			02		
			83		
			84 City		85 Zip Code
					<b>· L</b> . )             )
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statt tes, 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 approintment as registered					
office or re	egistered agent, or both, in the State ct m familiar with, and a⇔ept the obligat⊯	r Florida. Such change was	rized by the corpo Statutes.	oration's board of directors, I hereby accept the ap	Politiment as registered
1	The state of the s	· · · · · · · · · · · · · · · · · · ·			
SIGNATUFE	Signature, typed or printed name of registered agent	and title if applicable. (NOT 5: Regis	tered Agent signature re	equired when reinstating) DATE	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	WADIES J.R. SR.	Change
NAME	WAPLES, J R SR	Į.	1.2 NAME	1404 Wood AUE	
STREET ADDRESS	1404 WOOD AVENUE		1.3 STREET ADDRESS		re sort
CITY-ST-ZIP	CLEARWATER FL 34615-2857		1,4 CITY-ST-ZIP	Clearmater Fl 387	112-1821
TITLE	VD	☐ DÉLETE :	2,1 TITLE	WAPLES J.R. JR.	Change Addition
NAME	WAPLES, J R JR	1:	2.2 NAME	1371 8 61	
STREET ADDRESS	1404 WOOD AVENUE		2,3 STREET ADDRESS	1371 BARRY St	
1	CLEARWATER FL 34615-2857		2, 4 CITY-ST-ZIP	Clearnater Fl 3375	56
CITY-ST-ZIP TITLE	D		3.1 TITLE	I I R K. T	Change Addition
NAME	WAPLES, BECKI J	<del>-</del> · · ·	3,2 NAME	WADLES Becks J.	•
	1404 WOOD AVENUE		3 3 STREET ADDRESS	1908 Ridgewood Rd	
STREET ADDRESS	CLEARWATER FL 34615-2857		3.4. CITY-ST-ZIP	Clearmater P1 3376	3
CITY-ST-ZIP	S		4.1 TITLE	<del></del>	
TITLE	s Waples, Elizabeth J		4. 2 NAME	WAPIES Elizabeth J.	
NAME				1404 wood Ave	
STREET ADDRE 3S	1404 WOOD AVENUE		4,3 STREET ADDRESS	Clearunter Fl 33	155-2857
CITY-ST-ZIP	CLEARWATER FL 34615-2857		4.4 CITY-ST-ZIP		Change Addition
TITLE	I WARRED MANGE !		5.1 TITLE	WAPIE'S MANC: J.	DECIDINGS TO MODITION
NAME	WAPLES, NANCI J		5.2 NAME	1371 Barry St	
STREET ADORESS	1404 WOOD AVENUE		5.3 STREET ADDRESS	Clearupter F1 3379	ςc.
CITY-ST-ZIP	CLEARWATER FL 34615-2857		54 CITY-ST-ZIP		
TITLE			6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		

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 attach nent with an address, with a lother like empowered.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

STREET ADORESIS

CITY-ST-ZIP

4-26-99

727-562-0253