

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 292530 (3)

1. Corporation Name

BAW INC



Principal Place of Business

Mailing Address

804 PALM HARBOR DRIVE  
LEESBURG FL 34749  
US

P.O. BOX 423  
LEESBURG FL 34749  
US

2. Principal Place of Business

2a. Mailing Address

21 804 Palm Harbor Dr

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Town Home

27

City & State

City & State

23 Leesburg FL Lake

28

Zip

Country

Zip

Country

24 34749

25

USA

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/03/1965

3a. Date of Last Report

06/13/1995

4. FEI Number

59-1170183

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

DEEMS, LUCILLE W  
804 PALM HARBOR DRIVE  
BOX 423  
LEESBURG FL 34749

Box 423, Leesburg, FL 34749

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME DEEMS, LUCILLE W  
STREET ADDRESS 804 PALM HARBOR DR.  
CITY-ST-ZIP LEESBURG FL

TITLE VD ☐ DELETE

NAME WILLIAMS, BOYCE A.  
STREET ADDRESS 509 GIBSON STREET  
CITY-ST-ZIP LEESBURG FL

TITLE SD ☐ DELETE

NAME DEEMS, C.A. 11  
STREET ADDRESS P.O. BOX 478  
CITY-ST-ZIP LEESBURG FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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: Lucille W. Deems, Pres.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96

904-365-6110

CR2E034 (12/95)