

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **294886** (7)

1. Corporation Name
W AND W MACHINE, INC.



Principal Place of Business
**P.O. BOX 244
EAGLE LAKE FL 33839-7244**

Mailing Address
**P.O. BOX 244
EAGLE LAKE FL 33839-7244**

3. Date Incorporated or Qualified
07/15/1965

3a. Date of Last Report
04/03/1995

4. FEI Number
59-1148278

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
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

**WALES, BRUCE E.
14 1/2 REAM ROAD
WINTER HAVEN FL 33880**

10. Name and Address of New Registered Agent

81 Name
Bruce E. Wales

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

83
Winter Haven

84 City
FL

85 Zip Code
33880

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PO
NAME	WALES, BRUCE E.	1.2 NAME	Wales, Bruce E.
STREET ADDRESS	14 1/2 REAM ROAD	1.3 STREET ADDRESS	138 Ream Road
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	Winter Haven, FL 33880
TITLE	STD	2.1 TITLE	STD
NAME	WALES, ANNE MARILEE	2.2 NAME	Wales, Anne Marilee
STREET ADDRESS	14 1/2 REAM ROAD	2.3 STREET ADDRESS	138 Ream Road
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP	Winter Haven, FL 33880
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **Anne M. Wales**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96 **941 293-4090**
Date Daytime Phone #

CR2E034 (12/95)