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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # 496828 (5)

1. Corporation Name
B & W ADVERTISING, INC.

Principal Place of Business Mailing Address

**HWY 90
P O BOX 9
MIDWAY FL 32343-0009
US**

**HWY 90
P O BOX 9
MIDWAY FL 32343-0009
US**

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified 3a. Date of Last Report

02/17/1976 **04/13/1994**

4. FEI Number Applied For

59-1744757 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

9. Name and Address of Current Registered Agent

**WAINWRIGHT, JACK M
191 VILLAS CT NE
TALLAHASSEE, FL
32303**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City 85 Zip Code

FL

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 constituting) DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WAINWRIGHT, JACK M.
STREET ADDRESS 191 VILLAS CT. NE
CITY - ST - ZIP TALLAHASSEE FL

TITLE ST
NAME WAINWRIGHT, CAROL B.
STREET ADDRESS 191 VILLAS CT. NE
CITY - ST - ZIP TALLAHASSEE FL

TITLE VP
NAME WAINWRIGHT, JACK M. JR.
STREET ADDRESS HC 1 BOX 3823
CITY - ST - ZIP TALLAHASSEE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S Change Addition
1.2 NAME NABB, JAN WAINWRIGHT
1.3 STREET ADDRESS RT. 1, BOX 244C
1.4 CITY - ST - ZIP MONTICELLO FL 32344

2.1 TITLE T Change Addition
2.2 NAME WAINWRIGHT, DAVID L
2.3 STREET ADDRESS P.O. BOX 620 HIGHWAY 90
2.4 CITY - ST - ZIP MIDWAY FL 32343

3.1 TITLE VP Change Addition
3.2 NAME WAINWRIGHT, JACK M. JR.
3.3 STREET ADDRESS P O Box 755 Highway 90
3.4 CITY - ST - ZIP MIDWAY FL 32343

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
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)(b), 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: *Jan Wainwright Nabb* 4-24-95 (904) 574-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytona (Circle #)