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FLORIDA ANNUAL REPORT 1995

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 561674 (3)

1. Corporate Name
B.W.S. AND CO., INC.

Principal Place of Business	Mailing Address
11805 STATE RD 54 P.O. BOX 547 ODESSA FL 33556	11805 STATE RD 54 P.O. BOX 547 ODESSA FL 33556

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/10/1978
3a. Date of Last Report: 09/06/1994

2. Principal Place of Business (21)
State, 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)

4. FEI Number: 59-1830407 ☐ 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

9. Name and Address of Current Registered Agent

BISSELL, KENT
504 MAYO STREET
CRYSTAL BCH FL 34698

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

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 (Typed or printed name of registered agent and title if officer) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	BISSELL, KENT	1.2 NAME	
STREET ADDRESS	504 MAYO STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL BCH FL 34681	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	SAULS, WENDALL	2.2 NAME	
STREET ADDRESS	5861 S.W. 103RD ST. RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MYER, ROBERT	3.2 NAME	
STREET ADDRESS	2516 ROBERTA DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	KIGGINS, ANTHONY	4.2 NAME	
STREET ADDRESS	384 LENTZ ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIRE BLUFFS FL	4.4 CITY-ST-ZIP	
TITLE	ST	5.1 TITLE	☐ Change ☐ Addition
NAME	THURY, PAT	5.2 NAME	
STREET ADDRESS	211 SO MANHATTAN	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I further certify that the information contained with this filing is voluntarily furnished and 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.

SIGNATURE: Kent Bissell Pres. 2/23/95

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #

KENT BISSELL

0441203 FP