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FILED
May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 561674 (3)

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

Principal Place of Business

11805 STATE RD 54
P.O. BOX 547
ODESSA FL 33556

Mailing Address

11805 STATE RD 54
P.O. BOX 547
ODESSA FL 33556-0547



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/10/1978	3a. Date of Last Report 01/26/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1830407	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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

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	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIGGINS, ANTHONY	4.2 NAME	
STREET ADDRESS	384 LENTZ ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	BELLELAIRE BLUFFS FL	4.4 CITY-ST-ZIP	
TITLE	ST	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)