08111999-90003-047-$158.75-$158.75

99.

AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Aug 11, 1999 8:00 am
Secretary of State
08-11-1999 90003 047 ***158.75

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 561674

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

Principal Place of Business	Mailing Address
11805 STATE RD 54 P.O. BOX 547 ODESSA FL 33556	~~44905 STATE RD 54~~ P.O. BOX 547 ODESSA FL 33556

DO NOT WRITE IN THIS SPACE

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)

3. Date Incorporated or Qualified: 03/10/1978

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 owes the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BISSELL, KENT
~~504 MAYO STREET~~ P.O. Box 849
CRYSTAL BCH FL ~~34698~~ 34681
504 Mayo Street Po Box 849
Crystal Beach FL 34681

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (5/99)

14. I 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: X Kenneth Bissell PRES. 7/26/99 (727) 376-6036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #