

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 # 625716

1. Corporation Name

A.J.W., INC.

Principal Place of Business

**4320 W. KENNEDY BLVD.
TAMPA, FL 33609**

Mailing Address

**4320 W. KENNEDY BLVD.
TAMPA, FL 33609**

**200001831482
-05/21/96--01037--015
***200.00**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**WALTER, ROBERT A.
4320 W. KENNEDY BLVD.
TAMPA, FL 33609**

3. Date Incorporated or Qualified
06/01/1979

3a. Date of Last Report
05/01/95

4. FEI Number
59-1919526

Applied For
Not Applicable

5. Certificate of Status Desired ☐
6. Election Campaign Financing
Trust Fund Contribution ☐

**\$8.75 Additional
Fee Required
\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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 then signature)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **WALTER, ROBERT A.**
STREET ADDRESS **4320 W. KENNEDY BLVD.**
CITY-STATE-ZIP **TAMPA, FL 33609**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME

TITLE **ST** ☐ DELETE
NAME **BAKER, WM. K.**
STREET ADDRESS **1500 NO. DALE MABRY**
CITY-STATE-ZIP **TAMPA, FL 33607**

1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME

4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME

5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME

6.3 STREET ADDRESS
6.4 CITY-STATE-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:

W.K. Baker

W.K. BAKER, TREASURER

5/9/96

813-871-4171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)