

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 MAY -1 PM 1:19**

**DOCUMENT # 698083 (3)**  
1. Corporation Name  
**L & W ASSOCIATES, INC.**

Principal Place of Business Mailing Address  
**P.O. BOX 280 OSPREY FL 34229** **P.O. BOX 280 OSPREY FL 34229**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/31/1981** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-2247727** 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 § 199.099, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**LOMBARD, JAMES M**  
**888 BLVD. OF ARTS**  
**#1906**  
**\*SARASOTA FL 34238**

10. Name and Address of New Registered Agent  
81 Name **Lombard, James M.**  
82 Street Address (If G. Box Number is Not Accepted) **901 Venetia Bay Blvd**  
83  
84 City **Venice** 85 Zip Code **FL 34292**

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 607.1505, Florida Statutes.  
SIGNATURE *J.M. Lombard* *James M. Lombard* 4/24/95

12. OFFICERS AND DIRECTORS

TITLE	<b>PDS</b>
NAME	<b>LOMBARD, JAMES M</b>
STREET ADDRESS	<b>1906, 888 BLVD. OF ARTS</b>
CITY, ST, ZIP	<b>SARASOTA FL 34238</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that it qualifies for the exemption stated in Section 119.07(6)(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 partnership 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 of this report, or on an attached form with an address.

SIGNATURE *J.M. Lombard* *J.M. Lombard* 4/24/95 813-486-0965