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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

\*CORPORATION  
ANNUAL REPORT  
1995



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

**DOCUMENT # 842256 (0)**

1. Corporation Name  
**CWC COMPANIES, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business <b>600 CLEVELAND STREET SUITE 960 CLEARWATER FL 34615</b>	Mailing Address <b>600 CLEVELAND STREET SUITE 960 CLEARWATER FL 34615</b>
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3. Date Incorporated or Qualified <b>01/04/1979</b>	3a. Date of Last Report <b>04/26/1994</b>
4. FEI Number <b>34-0937534</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	29 Zip
30 Country	

9. Name and Address of Current Registered Agent

**CHEEK, MICHAEL C  
814 CHESTNUT ST.  
CLEARWATER FL 34616**

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 resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>VDST</b>
NAME	<b>CHEEK, MICHAEL</b>
STREET ADDRESS	<b>814 CHESTNUT ST.</b>
CITY - ST - ZIP	<b>CLEARWATER, FL 00000</b>
TITLE	<b>PO</b>
NAME	<b>NEEDLER, MICHAEL S</b>
STREET ADDRESS	<b>317 W. MAIN ST.</b>
CITY - ST - ZIP	<b>FINDLAY, OHIO 00000</b>
TITLE	<b>CD</b>
NAME	<b>CHEEK, CARROLL W</b>
STREET ADDRESS	<b>415 BAYVIEW DR</b>
CITY - ST - ZIP	<b>BELLEAIR, FL 00000</b>
TITLE	<b>D</b>
NAME	<b>SHANKLIN, CHARLES E.</b>
STREET ADDRESS	<b>4660 KENNY RD.</b>
CITY - ST - ZIP	<b>COLUMBUS OH</b>
TITLE	<b>O</b>
NAME	<b>MATTHEWS, MARY T.</b>
STREET ADDRESS	<b>600 CLEVELAND ST 960</b>
CITY - ST - ZIP	<b>CLEARWATER FL</b>
TITLE	<b>D</b>
NAME	<b>NEEDLER, SUSAN K.</b>
STREET ADDRESS	<b>129 W SANDUSKY ST</b>
CITY - ST - ZIP	<b>FINDLAY OHIO</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>V D S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	<b>V D T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	<b>S T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	<b>P D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Gephart, Mark D.</b>	
6.3 STREET ADDRESS	<b>317 W. Main Cross</b>	
6.4 CITY - ST - ZIP	<b>Findlay OH 45840</b>	

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 110.07(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: *Carroll W. Cheek* **Carroll W. Cheek** 4/4/95 813-443-0605

842256

**ADDITIONAL OFFICERS/DIRECTORS**

**Susan K. Needler**  
**317 W. Main Cross**  
**Findlay OH 45840**

D

**Kathleen Cheek-Milby**  
**Akasaka Hikawacho Park Mansion #403**  
**6-19-27 Akasaka**  
**Minato-ku, Tokyo 107**

D

**John J. Webb**  
**3365 Central Avenue**  
**St. Petersburg FL 33713**

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