FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # F25036 (7)

1. Corporation Name
MWS CORPORATION

Principal Place of Business	Mailing Address
520 S FLORIDA AVE LAKELAND FL 33801-5229	PO BOX 66 LAKELAND FL 33802-0066 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/12/1981

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-2082544 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SKIPPER, WILLIAM M JR 520 S. FLA. AVE. LAKELAND FL 33801	81 Name: SKIPPER, MARSHA M. 82 Street Address (P.O. Box Number is Not Acceptable): 721 WEDGEWOOD LANE 83 84 City: LAKELAND FL 85 Zip Code: 33813

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: X Marsha M. Skipper — 4-28-98
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	DVP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SKIPPER, EDWARD M		1.2 NAME		
STREET ADDRESS	721 WEDGEWOOD LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33813		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SKIPPER, JERE		2.2 NAME		
STREET ADDRESS	721 WEDGEWOOD LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33813		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	DS	☒ Change ☐ Addition
NAME	SKIPPER, WILLIAM P		3.2 NAME	SKIPPER WILLIAM P	
STREET ADDRESS	2662 CUNARD ST		3.3 STREET ADDRESS	2537 HYLER AVE	
CITY-ST-ZIP	LOS ANGELES CA 90065		3.4 CITY-ST-ZIP	LOS ANGELES, CA. 90041	
TITLE	DS	☐ DELETE	4.1 TITLE	DP	☒ Change ☐ Addition
NAME	SKIPPER, MARSHA M		4.2 NAME	SKIPPER MARSHA M.	
STREET ADDRESS	721 WEDGEWOOD LANE		4.3 STREET ADDRESS	721 WEDGEWOOD LANE	
CITY-ST-ZIP	LAKELAND FL 33813		4.4 CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	DP	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SKIPPER JR, WILLIAM M		5.2 NAME		
STREET ADDRESS	721 WEDGEWOOD LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33813		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 (10/97)

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 Marsha M. Skipper — 4-28-98