

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90016 028 ***550.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # F25036

1. Corporation Name

MWS CORPORATION

Principal Place of Business

**520 S FLORIDA AVE
LAKELAND FL 33801-5229**

Mailing Address

**PO BOX 66
LAKELAND FL 33802-0066
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/12/1981

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 the current year
Intangible Personal Property.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**SKIPPER, MARSHA M
421 WEDGEWOOD LANE
LAKELAND FL 33813**

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 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	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	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	DS	3.1 TITLE	☐ Change ☐ Addition
NAME	SKIPPER, WILLIAM P	3.2 NAME	
STREET ADDRESS	2537 HYLER AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90041	3.4 CITY-ST-ZIP	
TITLE	DP	4.1 TITLE	☐ Change ☐ Addition
NAME	SKIPPER, MARSHA M	4.2 NAME	
STREET ADDRESS	721 WEDGEWOOD LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	4.4 CITY-ST-ZIP	
TITLE	DP	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		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Marshall M. Skipper* REM *Marshall M. Skipper* 7/12/99 941-646-1936

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0084565