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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F68647

(9)

C. PAW INVESTMENTS, INC.

FILED
Jan 23 1997 8:00am
Secretary of State



Principal Place of Business 225 N. SECOND STREET P O BOX 1321 PALATKA FL 32178		Mailing Address 225 N. SECOND STREET P O BOX 1321 PALATKA FL 32178-1321		3. Date Incorporated or Qualified			
2. Principal F	lace of Business	2a. Mailing Address		4, FEI Number	7.4.2.		oplied For
21		26		59-2169637			ot Applicable
Suite Apt # etc		Suite, Apt #, etc.		5. Certificate of Status Desired	#		Additional equired
City & Stat	te	City & State		6. Election Campaign Financing	,,,	 	May Be
23		28		Trust Fund Contribution			to Fees
Zιρ	Contry	Zφ	Country	8. This corporation has liability t	for intangible to	ax under s	199.032
24	25	29	30	Florida Statutes	Yes 🗆		
	9. Name and Address of Cur VELL, EDWARD T.	rent Registered Agent	81 Name _	10. Name and Address of New	Registered A	gent	
PAL 11, Pursuant office or agent in	NORTH SECOND STREET ATKA FL 32178 I to the provisions of Sections 607.0 reg stered agent or both, in the Street farm of with, and agreed the other farm of with, and agreed the other farm of with.	ate of Florida. Such change wa	83 84 City Jac uites, the above-named cos authorized by the corpora	dress (F.O. Box Number is Not Accept 23.0 SAN CLER LKS ON VILL E reporation submits this statement for the ation's board of directors. I hereby ac	FL.	85 Zip	ts registere
SIGNATURE	Standay type of population and objects con-	0000	OTE Registered Agent signature req		DATE		
	* * * * * * * * * * * * * * * * * * *	tride i descess i ulibri 2006. — fix	OTE Tregistere Agent agricule req	ured when reinstating;	DATE		
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND		
TITLE	OFFICERS.		13. 1.1 TITLE		FICERS AND	DIRECTOF Change	
TITLE NAME	PTD WEBB, JOSEPH H.	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME		FICERS AND		
TITLE NAME STREET ADORESS	PTD WEBB, JOSEPH H. 4230 SAN CLERC RD	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		FICERS AND		
TITLE NAME STREET ADORESS OFFT-ST-ZIP	PTD WEBB, JOSEPH H. 4230 SAN CLERC RD JACKSONVILLE FL	AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		FICERS AND	Change	Addition
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TITLE NAME STREET ADORESS GHT-ST-ZIP TITLE NAME	PTD WEBB, JOSEPH H. 4230 SAN CLERC RD JACKSONVILLE FL VSD ADKINSON, WILLIAM B.	AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME		FICERS AND	Change	Addition
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TOTE NAME STREET ADORESS OUT - ST-ZIP TOTE NAME STREE* ADDRESS OUT - ST-ZIP	PTD WEBB, JOSEPH H. 4230 SAN CLERC RD JACKSONVILLE FL VSD ADKINSON, WILLIAM B.	AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	ADDITIONS/CHANGES TO OF	FICERS AND	Change	Additid
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TITLE NAME STREET ADDRESS COTY: ST-ZIP TITLE NAME	PTD WEBB, JOSEPH H. 4230 SAN CLERC RD JACKSONVILLE FL VSD ADKINSON, WILLIAM B. 7580 OLD KINGS RD. JACKSONVILLE FL	AND DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	ADDITIONS/CHANGES TO OF	FICERS AND	Change Change Change	☐ Additio
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TITLE NAME STREET ADDRESS COTY STI ZIP	PTD WEBB, JOSEPH H. 4230 SAN CLERC RD JACKSONVILLE FL VSD ADKINSON, WILLIAM B. 7560 OLD KINGS RD. JACKSONVILLE FL	AND DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	ADDITIONS/CHANGES TO OF	FICERS AND	Change Change Change	Addition Addition Addition Addition
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I. Edo hereby certify that the information supplied with this filing does not quality 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 in changed, or on an attachment with an address.

SIGNATURE:

SANATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #