

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -3 PM 3:59

DOCUMENT # F94000004941 (0)

1. Corporation Name

MWD OF ILLINOIS, INC.

Principal Place of Business

**1368 ESTRIDGE
ROCK LEDGE FL 32955**

Mailing Address

**1368 ESTRIDGE
ROCK LEDGE FL 32955**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/23/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

36-3826538

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 S. 199.032,
Florida Statutes ☐ Yes ☒ No

21

26

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Florida Statutes ☐ Yes ☒ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEGRAW, JANICE
1368 ESTRIDGE
ROCKLEDGE FL 32955**

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

JANICE A. DEGRAW

Janice A. Mortham

03-27-95

Signature, typed or printed name of registered agent and when applicable

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CP
NAME	DEGRAW, MARSHALL
STREET ADDRESS	1368 ESTRIDGE
CITY - ST - ZIP	ROCKLEDGE FL 32955
TITLE	DS
NAME	DEGRAW, JANICE
STREET ADDRESS	1368 ESTRIDGE
CITY - ST - ZIP	ROCKLEDGE FL 32955
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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)(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 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 W. DEGRAW**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marshall W. DeGraw **3/27/95** **407-632-7410**
(Date) (Signature)