

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000004736 (3)

1. Corporation Name

CWCO, INC.



Principal Place of Business

Mailing Address

PO BOX 1761
ABILENE TX 79604

PO BOX 1761
ABILENE TX 79604

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 1674

26 P.O. Box 1674

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Abilene Tx

28 Abilene Tx

Zip Country

Zip Country

24 79604-1674

25

29 79604-1674

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 of person or persons filing this report (if registered agent, and if not, if applicable)

(NOTE: Registered Agent signature required when making change)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME WHITENER, C. CLEVE
STREET ADDRESS 365 CYPRESS ST, SUITE 203
CITY- ST- ZIP ABILENE TX 79601

TITLE V ☐ DELETE

NAME BREED, MIKE
STREET ADDRESS 365 CYPRESS ST, SUITE 203
CITY- ST- ZIP ABILENE TX 79601

TITLE ST ☐ DELETE

NAME DAVIS, ALAN
STREET ADDRESS 365 CYPRESS ST, SUITE 203
CITY- ST- ZIP ABILENE TX 79601

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

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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 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Alan Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alan Davis Sec/Treasurer

6/19/96

915-677-0460

Date

Original Filing #

CR2E034 (3/96)