

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000005789 (1)**

1. Corporation Name  
**RPW ENTERPRISES, INC.**



Principal Place of Business: **1508 MORNING DOVE LOOP NORTH LAKELAND FL 33809**  
Mailing Address: **1508 MORNING DOVE LOOP NORTH LAKELAND FL 33809**

3. Date Incorporated or Qualified: **11/29/1995**      3a. Date of Last Report: **N/A**  
4. FEI Number: **APPLIED FOR 59-3345629**      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

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

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**WHALEN, RICHARD P  
1508 MORNING DOVE LOOP NORTH  
LAKELAND FL 33809**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature required for both names of registered agent and filer if applicable. (NOTE: Registered Agent signature required when re-registering)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PCST</b> <input type="checkbox"/> DELETE
NAME	<b>WHALEN, RICHARD P</b>
STREET ADDRESS	<b>1508 MORNING DOVE LOOP NORTH</b>
CITY - ST - ZIP	<b>LAKELAND FL 33809</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>WHALEN, MARIA</b>
STREET ADDRESS	<b>1508 MORNING DOVE LOOP NORTH</b>
CITY - ST - ZIP	<b>LAKELAND FL 33809</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *Richard P. Whalen*      **Richard P. Whalen**      2/19/96      941-853-8061  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (12/95)