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 # **G04707** **(7)**

1. Corporation Name

H & W VENTURES, INC.

Principal Place of Business	Mailing Address
2811 AIRPORT ROAD PLANT CITY FL 33567	2811 AIRPORT ROAD PLANT CITY FL 33567

3. Date Incorporated or Qualified: **10/18/1982**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2240802** ☐ 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	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

WILSON, ROBERT L
2010 W SANDALWOOD DR NORTH
PLANT CITY FL 33566

10. Name and Address of New Registered Agent

81 Name: ROBERT M. WILSON
82 Street Address (P.O. Box Number is Not Acceptable): 901 PINEDALE DR.
83
84 City: PLANT CITY **FL** 85 Zip Code: 33566

11. Pursuant to the provisions of Section(s) 607.0502 and/or 607.1005, 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. The 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(s) 607.0505, Florida Statutes.

SIGNATURE: ROBERT M. WILSON-PRESIDENT 02/12/96 (DATE)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WILSON, ROBERT M 901 PINEDALE DR. PLANT CITY, FL 00000	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PD WILSON, ROBERT M 901 PINEDALE DR. PLANT CITY, FL. 33566	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WILSON, ROBERT L 2010 W SANDALWOOD DR N PLANT CITY, FL 00000	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HARE, HERBERT DOWNING ST DOVER, FL 00000	XX DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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)(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 added, on the attachment with an address.

SIGNATURE: ROBERT M. WILSON-PRESIDENT 2/12/96 (813)754-7554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (DATE) (DAYTIME TELEPHONE NUMBER)

CR2E034 (12/95)