FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Apr 29 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS DOCUMENT #**1. Corporation Name G04707 (7) H & W VENTURES, INC. Principal Place of Business Mailing Address 2811 AIRPORT ROAD 2811 AIRPORT ROAD PLANT CITY FL 33567 PLANT CITY FL 33567 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>10/18/1982</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 Not Applicable 59-2240802 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Ζıρ Country Ζip Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes ΠNo 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WILSON, ROBERT M 901 PINEDALE DR Street Address (P.O. Box Number is Not Acceptable) 82 PLANT CITY FL 33466 83 84 City Zip Code 11. Pursuant to the provision office or registered. of Sections 607.0502 and 607.1590 or both, in the State of Florida Sur lorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered change was authorized by the corporation's board of directors. I hereby accept the appointment as registered 607,655, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 11 TITLE STD WILSON, ROBERT M NAME 12 NAME WILSON, MARGARET M. CR2E034 901 PINEDALE DR. 1.3 STREET ADDRESS STREET ADDRESS BOX 56 WALNUT MT PLANT CITY, FL 00000 CITY-ST-ZIP 1.4 CITY-ST-ZIP ELLIJAY, GA 30540 DELETE XX Change Addition TITLE 2.1 TITLE WILSON, ROBERT L 2.2 NAME BOX 56 WALNUT MT STREET ADDRESS 2010 W SANDALWOOD DR N 2.3 STREET ADDRESS ELLIJAY, GA CITY-ST-ZIP PLANT CITY, FL 00000 2. 4 CITY - ST- ZIP 30540 DELETE Change Addition TITLE 3.1 TITLE WILSON, ROBERT M NAME 3.2 NAME STREET ADDRESS 901 PINEDALE DR 3.3 STREET ADDRESS PLANT CITY FL 3.4. CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE ☐ Change Addition 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 ecciver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

CITY-ST-ZIP

SIGNATURE:

Block 12 or Block 13 if changed, or

FILED