

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G35518** (1)

1. Corporation Name:

T. H. W. ENTERPRISES, INC.



Principal Place of Business

**% TONEY H. WILSON
7900 FRUITVILLE RD
SARASOTA FL 34240**

Mailing Address

**% TONEY H. WILSON
7900 FRUITVILLE RD
SARASOTA FL 34240**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated For or Relieved
04/25/1983

3a. Date of Last Report
04/27/1995

4. FET Number
59-2292055

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

9. Name and Address of Current Registered Agent

**WILSON, TONEY H.
7900 FRUITVILLE ROAD
SARASOTA FL**

10. Name and Address of New Registered Agent

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 607.1509, 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 607.0502, Florida Statutes.

SIGNATURE

Signature type for the person who is the registered agent.

Signature type for the person who is the registered agent.

State

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD
WILSON, TONEY H.**
STREET ADDRESS **295 SINCLAIR DR**
CITY-STATE-ZIP **SARASOTA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 NAME

22 STREET ADDRESS

23 CITY-STATE-ZIP

31 NAME

32 STREET ADDRESS

33 CITY-STATE-ZIP

41 NAME

42 STREET ADDRESS

43 CITY-STATE-ZIP

51 NAME

52 STREET ADDRESS

53 CITY-STATE-ZIP

61 NAME

62 STREET ADDRESS

63 CITY-STATE-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)(a), 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:

Toney H. Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96

(941) 371-9097

CR2E034 (12/95)