

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G71349** (6)

1. Corporation Name  
**L & W CONSTRUCTION, INC.**



Principal Place of Business: **% LLOYD WEEKS. ESQUIRE  
413 SOUTHEAST 4TH STREET  
BOYNTON BEACH FL 33435**

Mailing Address: **% LLOYD WEEKS. ESQUIRE  
413 SOUTHEAST 4TH STREET  
BOYNTON BEACH FL 33435**

2. Principal Place of Business  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country

2a. Mailing Address  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip  
29. Country

3. Date Incorporated or Qualified: **11/23/1983**  
3a. Date of Last Report: **01/24/1995**

4. FEI Number: **59-2348237**  
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**

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

**WEEKS, LLOYD  
413 SOUTHEAST 4TH STREET  
BOYNTON BEACH FL 33435**

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: **FL**

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

(Sign only by the individual named in the signature block)

(NOTE: Registered Agent Signature required when reappointing)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	DP	<input type="checkbox"/> DELETE
NAME	WEEKS, LLOYD	
STREET ADDRESS	413 SOUTHEAST 4TH ST	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	WEEKS, CYNTHIA C.	
STREET ADDRESS	413 SE 4 ST.	
CITY-ST-ZIP	BOYNTON BCH. FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	WEEKS, RYAN	
STREET ADDRESS	413 SE 4TH ST.	
CITY-ST-ZIP	BOYNTON FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	WEEKS, MEREDITH	
STREET ADDRESS	413 SE 4TH ST.	
CITY-ST-ZIP	BOYNTON FL	
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 included 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:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96

(407)732-3032

Date Daytime Phone #

CR2E034 (12/95)