

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

FILED

**Jan 28 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # G71349 (6)

1. Corporation Name
L & W CONSTRUCTION, INC.



Principal Place of Business Mailing Address
**% LLOYD WEEKS, ESQUIRE
413 SOUTHEAST 4TH STREET
BOYNTON BEACH FL 33435**

3. Date Incorporated or Qualified **11/23/1983** 3a. Date of Last Report **02/01/1996**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **59-2348237** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State: 27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 25 29 30

g. 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 **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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		

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 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 of this form, or on an attachment with an address.

SIGNATURE: 1-21-97

CR2E034 (9/96)