

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 10 1997 8:00am
Secretary of State

DOCUMENT # **H58970** (5)
1. Corporation Name
RDW, INC.



Principal Place of Business
**295-6 EAST HWY 50
CLERMONT FL 34711**

Mailing Address
**295-6 EAST HWY 50
CLERMONT FL 34711**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **297 E. HWY 50**
Suite, Apt. #, etc.
22 **Suite 1**
City & State
23 **CLERMONT, FL**
Zip
24 **34711** Country
25 **LAKE**
2a. Mailing Address
26 **297 E. HWY 50**
Suite, Apt. #, etc.
27 **Suite 1**
City & State
28 **CLERMONT, FL**
Zip
29 **34711** Country
30 **LAKE**

3. Date Incorporated or Qualified
05/28/1985
3a. Date of Last Report
03/19/1996
4. FEI Number
59-2573239
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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**THOMPSON, ROBERT D.
1927 BRANTLEY CIRCLE
CLERMONT FL 34711**

10. Name and Address of New Registered Agent

81 Name **DENNIS CANNON**
82 Street Address (P.O. Box Number is Not Acceptable)
103 S. LAKESHORE DR.
83
84 City **CLERMONT, FL** 85 Zip Code **34711**

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 **DENNIS CANNON, PRESIDENT**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **7/30/97**

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	THOMPSON, ROBERT D.	1927 BRANTLEY CIR.	CLERMONT FL	<input checked="" type="checkbox"/>
D	THOMPSON, SUSAN L.	1927 BRANTLEY CIR.	CLERMONT FL	<input checked="" type="checkbox"/>
DST	CANNON, DENNIS D.	637 W. LAKESHORE DR.	CLERMONT FL	<input type="checkbox"/>
D	CANNON, DEBRA R.	637 W. LAKESHORE DR.	CLERMONT FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

7/30/97 (352)394-6933

CP2E034 (4/97)