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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

J00021

(2)

S B W. INC.

				·			
Principal Plac	e of Business	Mailing Address			i thattha fitti dann ffinti antill tinge til		Biller Billi billis billis icht.
2108 SYCAMORE LANE EAST 2108 SYCAMORE PLANT CITY FL 33568-8817 PLANT CITY FL 3							
				·	3. Date Incorporated or Qualified 02/19/1986	1	ate of Last Report /29/1996
2. Principal F	lace of Business	2a. Mailing Address			4. FEI Number	. 1/	Applied For
21		26			59-2643139		Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	×	\$8.75 Additional Fee Required
City & Stat	le	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	30	untry	8. This corporation has liability for Florida Statutes	intangible	
<u>1</u>	9. Name and Address of Cui		1001		10. Name and Address of New Re		
	WEST REYNOLDS STREET A ANT CITY FL 33566	2108 sycamore m	· 1 · C ·	82 Street Add	fress (P.O. Box Number is Not Accepta	ble)	
				84 City		FL	85 Zip Code
office or i		tate of Florida. Such change was	authorize	ed by the corpora	poration submits this statement for the ation's board of directors. I hereby acce		
SIGNATURE	Signature, typed or purited name of registure,	t agent and like it applicable. (NO	TE: Register	ed Agen) signature requ	lired when reinstating)	DATE.	
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS ANI	D DIRECTORS IN 12
MILE	P	DELETE	1.03	ITLE			Change Addition
NAME	WATKINS, HERBERT E.	DING SUCAMORE	1.2 8	NAME			
STREET ADDRESS	808 W REYNOLDS STREET	2108 SYCAMORE,	1.3 \$	STREET ADDRESS			
CITY - S1 - 7IP	PLANT CITY FL		1.4 0	CITY-ST-ZIP			
TIFLE	٧	☐ DELETE	2.1 7	TITLE			Change Addition
NAME	BOOTH, WILLIAM L.		2.2 N	NAME			
STREET ADORESS	1		235	STREET ADDRESS			

2 4 CITY-SY-ZIP

3.3 STREET ADDRESS

4.3 STREET ADDRESS 4.4 City-St-Zip

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.5 TITLE

4.2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

DELETE

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 if changed, or on an attachment with an address.

SIGNATURE

CUY-ST-ZIP

STREET ADDRESS

CITY - ST - ZIP

CHY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

TOLE

NAME

THLE

NAME STREET ADDRESS

TILLE

NAME

TITLE NAME HIGH SPRINGS FL

REDMAN, JAMES L.

121 N. COLLINS ST.

PLANT CITY FL

HE LU ATKINS PRES. THE UNITED NAME OF BIGNING OFFICER OR DIRECTOR

5/16/97 813-752-9618
Daying Plane #____

Change

Change

Change

Change

☐ Addition

Addition

Addition

Addition

FILED

May 21 1997 8:00am

Secretary of State