

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

**FILED**

**May 05 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # J20150 (5)**

1. Corporation Name  
**LR & BW ENTERPRISES, INC.**



Principal Place of Business: **% LYNDA ROSER, 4912 LESTER ROAD, TALLAHASSEE FL 32311-9529**

Mailing Address: **% LYNDA ROSER, 4912 LESTER ROAD, TALLAHASSEE FL 32311-9529**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 <b>325 JOHN KNOX RD</b>	26 <b>325 JOHN KNOX RD</b>
22 <b>F 104</b>	27 <b>F 104</b>
23 <b>TALLAHASSEE, FL</b>	28 <b>TALLAHASSEE, FL</b>
24 <b>32303</b>	29 <b>32303</b>
25 <b>LEON</b>	30 <b>LEON</b>

3. Date Incorporated or Qualified  
**06/19/1986**

4. FEI Number  
**59-2691684**

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  
**ROSER, LYNDA  
4912 LESTER ROAD  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name **ROSER, LYNDA**

82 Street Address (P.O. Box Number is Not Acceptable)  
**325 JOHN KNOX RD**

83 **F 104**

84 City **TALLAHASSEE, FL FL**

85 Zip Code **32303**

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 *[Signature]* **PRES LR & BW ENT, INC** **4/23/98**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIFORD, WILLIAM E.</b>	1.2 NAME	
STREET ADDRESS	<b>4912 LESTER ROAD</b>	1.3 STREET ADDRESS	<b>325 JOHN KNOX RD</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	1.4 CITY-ST-ZIP	<b>TALLAHASSEE, FL 32303</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 supplement to 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]* **PRES LR & BW ENT, INC** **4/23/98**

CR2E034 (10/97)