SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 JUL 27 AM 10:13
[illegible]
TALLAHASSEE, FLORIDA

DOCUMENT # **J69513** **(6)**

1. Corporation Name
C & W SALES ASSOCIATES, INC.

Principal Place of Business	Mailing Address
4820 CENTERBROOK CT TAMPA FL 33624	4820 CENTERBROOK CT TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/27/1987
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 16312 E COURSE DRIVE
22: Suite, Apt. #, etc.
23: City & State: TAMPA FL
24: Zip: 33624
25: Country: HILL.

2a. Mailing Address
26: 16312 E COURSE DR
27: Suite, Apt. #, etc.
28: City & State: TAMPA FL
29: Zip: 33624
30: Country: HILL.

4. FEI Number: 59-2796749 ☐ 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

MANKIN, JOHN M.
BARNETT PLAZA SUITE 2560
101 E KENNEDY BLVD
TAMPA FL 33602

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS		
TITLE	STD	11 TITLE	☒ Change ☐ Addition	
NAME	WORTHLEY, GARY L.	12 NAME		
STREET ADDRESS	4820 CENTERBROOK CT	13 STREET ADDRESS	16312 E COURSE DRIVE	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	D	21 TITLE	☐ Change ☐ Addition	
NAME	RICHARDS, KIMBERLY	22 NAME		
STREET ADDRESS	40 HIGH PINES DRIVE	23 STREET ADDRESS		
CITY-ST-ZIP	KINGSTON MA	24 CITY-ST-ZIP		
TITLE	PD	31 TITLE	☒ Change ☐ Addition	
NAME	WORTHLEY, ANN CREGAR	32 NAME		
STREET ADDRESS	4820 CENTER BROOK CT	33 STREET ADDRESS	16312 E. COURSE DRIVE	
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	41 TITLE	☐ Change ☐ Addition	
NAME	WILLIAMS, CHARLES	42 NAME		
STREET ADDRESS	SMITHFIELD RD	43 STREET ADDRESS		
CITY-ST-ZIP	SHELBYVILLE KY	44 CITY-ST-ZIP		
TITLE		51 TITLE	☐ Change ☐ Addition	
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE	☐ Change ☐ Addition	
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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: G L Worthley 7/24/95 960-0764
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #
GARY L. WORTHLEY

0000050 CF