

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J69513 (6)

1. Corporation Name

C & W SALES ASSOCIATES, INC.



Principal Place of Business

16312 E COURSE DR
TAMOA FL 33624
US

Mailing Address

16312 E COURSE DR
TAMPA FL 33624
US

3. Date Incorporated or Qualified
04/27/1987

3a. Date of Last Report
07/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2796749

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23

City & State

28

City & State

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

24

Zip

Country

29

Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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 STD
NAME WORTHLEY, GARY L.
STREET ADDRESS 16312 E COURSE DR
CITY-ST-ZIP TAMPA FL

☐ DELETE

1 1 TITLE ☐ Change ☐ Addition

TITLE D
NAME RICHARDS, KIMBERLY
STREET ADDRESS 40 HIGH PINES DRIVE
CITY-ST-ZIP KINGSTON MA

☐ DELETE

2 1 TITLE ☐ Change ☐ Addition

TITLE PD
NAME WORTHLEY, ANN CREGAR
STREET ADDRESS 16312 E COURSE DR
CITY-ST-ZIP TAMPA FL

☐ DELETE

3 1 TITLE ☐ Change ☐ Addition

TITLE D
NAME WILLIAMS, CHARLES
STREET ADDRESS SMITHFIELD RD
CITY-ST-ZIP SHELBYVILLE KY

☐ DELETE

4 1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5 1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6 1 TITLE ☐ Change ☐ Addition

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

GARY L. WORTHLEY 4/17/96 813 968-1440

CR2E034 (12/95)