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Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90026 005 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J69513

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/27/1987

4. FEI Number

59-2796749

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 13510 SHADY SHORES DR

Suite, Apt. #, etc.

22 TAMPA, FL

City & State

23 33613

Zip

Country

24

25

2a. Mailing Address

26 13510 SHADY SHORES DR

Suite, Apt. #, etc.

27 TAMPA, FL

City & State

28 33613

Zip

Country

29

30

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

RON HOWE LL

82 Street Address (P.O. Box Number is Not Acceptable)

4819 E. BUSCH BLVD

83 SUITE 206-3

84 City TAMPA

FL

85 33617

11. Pursuant to the provisions of Sections 607.05 and 607.1608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent for both in and out of Florida. Such change was authorized by the corporation's board of directors, or by the appointment of the registered agent. I am familiar with and accept the provisions of Section 607.05 of the Florida Statutes.

SIGNATURE *Ron Howe* **Ron Howe** DATE 12/23/98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE STD ☐ DELETE

NAME WORTHLEY, GARY L.

STREET ADDRESS 16312 E COURSE DR

CITY-ST-ZIP TAMPA FL

TITLE D ☒ DELETE

NAME RICHARDS, KIMBERLY

STREET ADDRESS 189 TWIN LAKES DR

CITY-ST-ZIP HALIFAX MA

TITLE PD ☐ DELETE

NAME WORTHLEY, ANN CREGAR

STREET ADDRESS 16312 E COURSE DR

CITY-ST-ZIP TAMPA FL

TITLE D ☒ DELETE

NAME WILLIAMS, CHARLES

STREET ADDRESS SMITHFIELD RD

CITY-ST-ZIP SHELBYVILLE KY

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN /2

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (11/98)