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May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **J91463** **(6)**

1. Corporation Name
DPW INC.

Principal Place of Business	Mailing Address
33 ZAMORA STREET **33 ZAMORA ST** **ST. AUGUSTINE FL 32095** **US**	**33 ZAMORA STREET** **33 ZAMORA ST** **ST. AUGUSTINE FL 32095-2924** **US**

2. Principal Place of Business	2a. Mailing Address
21 33 ZAMORA ST.	26 33 ZAMORA ST.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ST. AUGUSTINE FL	City & State 28 ST. AUGUSTINE FL
Zip 24 32095-2924 Country 25 ST. JOHNS	Zip 29 32095-2924 Country 30 ST. JOHNS

3. Date Incorporated or Qualified: 09/04/1987
3a. Date of Last Report: 05/01/1996
4. FEI Number: 27-5407529 ☐ 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

WATKINS, PATRICIA P.
33 ZAMORA ST
ST AUGUSTINE FL 32084

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 IN 12		
TITLE	DV	☐ DELETE	1.1 TITLE	D.P.	☑ Change ☐ Addition
NAME	WATKINS, JENNIFER J		1.2 NAME	DAVID H. WATKINS	
STREET ADDRESS	1833 SHARON ROAD		1.3 STREET ADDRESS	33 ZAMORA ST.	
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	ST. AUGUSTINE FL 32095-2924	
TITLE	D	☐ DELETE	2.1 TITLE	D	☑ Change ☐ Addition
NAME	WATKINS, PATRICIA P.		2.2 NAME	PATRICIA P WATKINS	
STREET ADDRESS	33 ZAMORA ST		2.3 STREET ADDRESS	33 ZAMORA ST.	
CITY-ST-ZIP	ST AUGUSTINE FL		2.4 CITY-ST-ZIP	ST. AUGUSTINE FL 32095-2924	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WATKINS, JENNIFER P.		3.2 NAME		
STREET ADDRESS	33 ZAMORA ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: David H. Watkins 4/22/97 904895153