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FILED  
Apr 14 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 # K68668 (8)

1. Corporation Name  
P.A.W. DEVELOPMENT CORPORATION



Principal Place of Business  
% HARRISON D. WILLIAMS  
8416 CESSNA DR  
NEW PORT RICHEY FL 34654

Mailing Address  
% HARRISON D. WILLIAMS  
8416 CESSNA DR  
NEW PORT RICHEY FL 34654-5202

3. Date Incorporated or Qualified  
02/27/1989

3a. Date of Last Report  
05/14/1996

2. Principal Place of Business  
21 11 Golden Autumn Dr.  
Suite, Apt. #, etc.  
22  
City & State  
23 Dahlonega, GA  
Zip Country  
24 30533 25  
2a. Mailing Address  
26 29605 US 19 N.  
Suite, Apt. #, etc.  
27 Suite 250  
City & State  
28 Clearwater, FL  
Zip Country  
29 34621 30

4. FEI Number  
59-2933440

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

WILLIAMS, HARRISON D.  
8416 CESSNA DR  
NEW PORT RICHEY FL 34654

10. Name and Address of New Registered Agent

81 Name William R. Wallace  
82 Street Address (P.O. Box Number is Not Acceptable)  
29605 US Hwy 19 N.  
Suite 250  
83  
84 City Clearwater FL 85 Zip Code 34621

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 William R. Wallace DATE 2/27/97  
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	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, HARRISON D.	1.2 NAME	
STREET ADDRESS	8416 CESSNA DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, PATRICIA L.	2.2 NAME	
STREET ADDRESS	8416 CESSNA DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	
TITLE		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		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		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		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 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: Harrison D. Williams DATE 2/17/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0432189

CR2E034 (9/96)