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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 # L37918

(4)

1. Corporation Name

S & W REBUILDERS, INC.

Principal Place of Business

C/O EDWARD J. JACKSON
5488 W BEAVER STREET - P.O. BOX 6075
JACKSONVILLE FL 32205

Mailing Address

C/O EDWARD J. JACKSON
5488 W BEAVER STREET - P.O. BOX 6075
JACKSONVILLE FL 32254-2915

3. Date Incorporated or Qualified

12/19/1989

3a. Date of Last Report

02/07/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-2997277

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

WILSON, WILLIE E., JR.
5488 W BEAVER STREET
JACKSONVILLE FL 32205

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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WILSON, WILLIE EUGENE	
STREET ADDRESS	5488 W. BEAVER STREET	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	WILSON, WILLIE EUGENE	
STREET ADDRESS	5488 W. BEAVER STREET	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WILSON, BENJAMIN A.	
STREET ADDRESS	5488 W. BEAVER STREET	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WILSON, WILLIE E., JR.	
STREET ADDRESS	5488 W. BEAVER STREET	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SMART, MALAVANE	
STREET ADDRESS	5488 W. BEAVER STREET	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Malavane Smart - Malavane Smart* 3-31-97 904-781-9090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0044484

CR2E034 (9/96)