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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # L
1. Corporation Name

L62106

(4)

LOCKS AND WATERWAYS INTERNATIONAL, INC.

Principal Place of Business Mailing Address					i idestant die Attick (1865 trant Diete	1 2 111 81811 9	1811 BISH SISH SI	PII
2834 LONGLEAF ROAD 765 DATE PALM RD. PANAMA CITY FL 32405 US 2834 LONGLEAF ROAD 765 DATE PALM RD. PANAMA CITY FL 32405 US					DO NOT WRITE IN THIS SPACE			
US					3. Date Incorporated or Qualified	l		
1					03/28/1990		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
h-	Place of Business	2a. Mailing Address		4. FEI Number			oplied For	
21 Suita Ant	# oto	Suite, Apt. #, etc.			65-0208287	·····		ot Applicable
Suite, Apt. #, etc.		27		5. Certificate of Status Desired		+	Additional equired	
City & State		City & State		6. Election Campaign Financing		\$5.00	May Be	
23		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Countr	y	8. This corporation owes or has p	oaid the c	urrent year Int	tangible
24 25		29 30		Personal Property Tax due June 30. Yes No				
<u></u>	g, Name and Address of Curre	nt Registered Agent			10. Name and Address of New F	logistere	d Agent	
	CNEW, JAMES R.		81					
2834 LONGLEAF ROAD PANAMA CITY FL 32405				Street Ac	dress (P.O. Box Number is Not Acceptable)			
			83	3				
			84	City	FL 85 Zip Code			
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statuti	es, the abov	/e-named co	orporation submits this statement for the	purpose	of changing if	ts registered
office or r	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was a gations of, Section 607.0505, Flo	authorized b orida Statute	y the corpo s.	ration's board of directors. I hereby acc	ept the ap	of changing if	ts registered registered
office or r agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered ag	e of Florida. Such change was a gations of, Section 607.0505, Flo	authorized b orida Statute	y the corpo s.	orporation submits this statement for the ration's board of directors. I hereby acc quirad when reinstaling) ADDITIONS/CHANGES TO OFF	ept the ap	opointment as	registered
office or agent. La	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered ag	e of Florida. Such change was a gations of, Section 607.0505, Florent and tille if applicable (NOTE	authorized b prida Statute E. Registered Ag	y the corpo s.	ration's board of directors. I hereby acc	ept the ap	opointment as	registered
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office or agent. I a SIGNATURE 12. TITLE	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS AN	e of Florida. Such change was a gations of, Section 607.0505, Florent and tille if applicable (NOTE ND DIRECTORS)	E. Registered Ag 13. 1.1 TITLE 1.2 NAME	by the corpo	ration's board of directors. I hereby acc	ept the ap	opointment as	registered
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office of a gent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS AN PO LOPEZ, EUDORO 171 NW 97 AVE., #316 MIAMI FL VSD	e of Florida. Such change was a gations of, Section 607.0505, Florent and tille if applicable (NOTE ND DIRECTORS)	E. Registered Age 13. 1.1 TITLE 1.2 NAME	by the corpo	ration's board of directors. I hereby acc	ept the ap	opointment as	registered
office of a gent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-ZIP	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered agency OFFICERS AN PO LOPEZ, EUDORO 171 NW 97 AVE., #316 MIAMI FL VSD MCNEW, JAMES R.	e of Florida. Such change was a gations of, Section 607.0505, Florest and title if applicable (NOTE NO DIRECTORS DELETE	E Registered Age 13. 1.1 TITLE 1.2 NAME 1.4 CITY-	pont signature re	ration's board of directors. I hereby acc	ept the ap	ND DIRECTOR Change	RS IN 12
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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.

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE: James

STREET ADDRESS

STREET ADDRESS

CITY-SF-ZIP

TITLE

NAME

no K. Maker

JAMES R. MCNEW

4/10/98

Change

Addition

Apr 16 1998 8:00am

Secretary of State

SBS