

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L97084** (2)

1. Corporation Name
TMW OF JAX, INC.



Principal Place of Business: **POST OFFICE BOX 8667 JACKSONVILLE FL 32239 US**
Mailing Address: **POST OFFICE BOX 8667 JACKSONVILLE FL 32239 US**

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip 24 County 25
2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State 28 Zip 29 County 30

3. Date incorporated or Organized: **08/23/1990**
3a. Date of Last Report: **04/27/1995**
4. FEIN Number: **59-3029271**
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
**HICKS, DAVID S
1710 SHADOWOOD LN #220
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Numbers Not Acceptable)
83 City
84 State: **FL** 85 Zip Code

11. Pursuant to the provisions of Section 199.032, 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, its members or its appointed or designated agent. I am familiar with, and I accept the obligations of, Sections 199.032, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS
TITLE [] OFFICE
NAME: **RAWLS, MARCUS G JR.**
STREET ADDRESS: **13100 HAMMOCK CIRCLE S.**
CITY, ST, ZIP: **JACKSONVILLE FL**
TITLE: **VPT** [] OFFICE
NAME: **RAWLS, JOHN W**
STREET ADDRESS: **13100 HAMMOCK CIRCLE S.**
CITY, ST, ZIP: **JACKSONVILLE FL**
TITLE: [] OFFICE
NAME: [] OFFICE
STREET ADDRESS: [] OFFICE
CITY, ST, ZIP: [] OFFICE
TITLE: [] OFFICE
NAME: [] OFFICE
STREET ADDRESS: [] OFFICE
CITY, ST, ZIP: [] OFFICE

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12
[] Change [] Addition
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[] Change [] Addition

14. I do hereby certify that the information supplied with this filing is true and correct, for the reasons stated in Section 199.032(4), Florida Statutes. I further certify that the information published on this form is true and correct, for the reasons stated in Section 199.032(4), Florida Statutes. I further certify that I am an officer or director of the corporation or the principal shareholder or partner in a partnership, or the principal or sole proprietor, Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this filing. I do hereby certify that I am not a director, officer, partner, or sole proprietor of the corporation.

SIGNATURE: *Marcus G Rawls Jr* **MARCUS G RAWLS JR** 4-16-96 9047677880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)