

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M70830** (8)
1. Corporation Name
L & W MOTORS, INC.



Principal Place of Business
**908 SOUTH SCENIC HIGHWAY
FROSTPROOF FL 33843**

Mailing Address
**908 SOUTH SCENIC HIGHWAY
FROSTPROOF FL 33843**

3. Date Incorporated or Qualified 03/01/1988	3a. Date of Last Report 05/16/1995
4. FEI Number 59-2368204	☐ 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. 193.032, Florida Statutes ☐ Yes ☐ No	
10. Name and Address of New Registered Agent	

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

9. Name and Address of Current Registered Agent

**WALKER, ELIJAH "POOCH"
908 SOUTH SCENIC HIGHWAY
FROSTPROOF FL 33843**

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83. City	84. Zip Code

11. Pursuant to the provisions of Sections 607.0507 and 607.1505, 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 **ELIJAH "POOCH" WALKER President** DATE **3-26-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
PD	WALKER, ELIJAH "POOCH"		
STREET ADDRESS	655 WOOD AVENUE		
CITY-STATE-ZIP	FROSTPROOF FL		
TITLE	NAME	TITLE	NAME
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE	NAME	TITLE	NAME
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE	NAME	TITLE	NAME
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE	NAME	TITLE	NAME
STREET ADDRESS			
CITY-STATE-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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: **ELIJAH "POOCH" WALKER President** DATE: **3-26-96 (941) 635-4142**

CR2E034 (12/95)