


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 13 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 # **M86332** (7)

1. Corporation Name
.ITW-SERVICES, INC.

Principal Place of Business
~~C/O JOHN T. WALMSLEY~~
3320 EVELYN LAKES DRIVE
PLANT CITY FL 33565
US

Mailing Address
~~C/O JOHN T. WALMSLEY~~
3320 EVELYN LAKES DRIVE
PLANT CITY FL 33568-4971
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/21/1988	3a. Date of Last Report 05/01/1996
21. c/o JEFFREY J. WALMSLEY	26. c/o JEFFREY J. WALMSLEY	4. FEI Number 59-2893290		Applied For Not Applicable	
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. [Redacted]		29. [Redacted]		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WALMSLEY, JOHN T. 3320 EVELYN LAKES DRIVE PLANT CITY FL 33565		10. Name and Address of New Registered Agent	
		81. Name WALMSLEY, JEFFREY J.	
		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: *Jeffrey J. Walmsley* **JEFFREY J. WALMSLEY, PRESIDENT** ☒ **4/29/97**
Signature of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DOPT	<input type="checkbox"/> DELETE	1.1 TITLE WALMSLEY, JEFFREY J.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WALMSLEY, JOHN T.		1.2 NAME	
STREET ADDRESS 3320 EVELYN LAKES DRIVE		1.3 STREET ADDRESS	
CITY - ST - ZIP PLANT CITY FL 33565		1.4 CITY - ST - ZIP	
TITLE SD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WALMSLEY, DEBORAH L.		2.2 NAME	
STREET ADDRESS 3318 SILVERPOND DR.		2.3 STREET ADDRESS	
CITY - ST - ZIP PLANT CITY FL		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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: *Jeffrey J. Walmsley* **JEFFREY J. WALMSLEY** ☒ **4/29/97**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)