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Mar 12 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 # P27854 (9)

1. Corporation Name
RW MANAGEMENT GROUP, INC.

Principal Place of Business
7510 SLATE RIDGE BOULEVARD
P.O. BOX 943
REYNOLDSBURG OH 43068

Mailing Address
7510 SLATE RIDGE BOULEVARD
P.O. BOX 943
REYNOLDSBURG OH 43068-0943



2. Principal Place of Business

21 Suite Apt. # etc

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

01/25/1990

3a. Date of Last Report

01/22/1996

4. FEI Number

31-1183566

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. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

MOSS, JOEL
47 WEST NEW HAVEN AVE.
STE. 200
MELBOURNE FL 32901

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 of the person in the name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP

PD
WILLIAMS, RONALD L.
7510 SLATE RIDGE BLVD.
REYNOLDSBURG OH

☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

AVD
MORRISON, RONALD
RT. 4 BOX 58
EUREKA SPRINGS AR

☒ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

STD
WILLIAMS, PENNY LEE
7510 SLATE RIDGE BLVD.
REYNOLDSBURG OH

☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

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TITLE NAME STREET ADDRESS CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

6.1 TITLE 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 its 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:

[Signature] *James Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0506134

CR2E034 (9/96)