

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

APPROVED AND FILED

05 APR 26 AM 7:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # P32276 (8)

1. Corporation Name:
AWH CORPORATION

Principal Place of Business: **119 BROOKSTOWN AVENUE SUITE 203 WINSTON-SALEM NC 27101 US**

Mailing Address: **119 BROOKSTOWN AVE STE 203 119 BROOKSTOWN AVENUE, SUITE 203 WINSTON SALEM NC 27101-5245 US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business: 21 []
Suite, Apt. #, etc. []
City & State []
Zip [] County []

2a. Mailing Address: 26 []
Suite, Apt. #, etc. []
City & State []
Zip [] County []

3. Date Incorporated or Qualified: **12/26/1990**

3a. Date of Last Report: **04/29/1994**

4. FEI Number: **54-1094408**

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

9. Name and Address of Current Registered Agent:
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	HOPEMAN, A. A., JR.
STREET ADDRESS	119 BROOKSTOWN AVE., #203
CITY-ST-ZIP	WINSTON SALEM NC
TITLE	D
NAME	HOPEMAN, HARRIET
STREET ADDRESS	119 BROOKSTOWN AVE., #203
CITY-ST-ZIP	WINSTON SALEM NC
TITLE	CEOD
NAME	STICHT, J. PAUL
STREET ADDRESS	119 BROOKSTOWN AVE., #203
CITY-ST-ZIP	WINSTON SALEM NC
TITLE	VPSD
NAME	WOOD, RUSSELL A.
STREET ADDRESS	119 BROOKSTOWN AVE., #203
CITY-ST-ZIP	WINSTON SALEM NC
TITLE	AS
NAME	CINDRICK, ROBERT M.
STREET ADDRESS	119 BROOKSTOWN AVE., #203
CITY-ST-ZIP	WINSTON SALEM NC
TITLE	VD
NAME	HOPEMAN, V.D.
STREET ADDRESS	119 BROOKSTOWN AVENUE #203
CITY-ST-ZIP	WINSTON-SALEM NC

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CEO / P/D
3.3 STREET ADDRESS	HOPEMAN, H.W.
3.4 CITY-ST-ZIP	119 BROOKSTOWN AVE, # 203 WINSTON-SALEM, NC 27101
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	HOPEMAN, BERTRAM C.
6.4 CITY-ST-ZIP	119 BROOKSTOWN AVE., # 203 WINSTON-SALEM, NC 27101

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)(b), 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: Robert M. Cindrick **Robert M. Cindrick** 4/19/95 (910) 722-5195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Home #