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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1996

DOCUMENT # P92000013805 (6)  BWP, INC.														<b>118</b> 1     <b>1818</b>   (18 <b>1</b> 8)   <b>18</b> 1	11 <b>4416</b> : 416: 1 <b>03</b> 1	
D.	inoinal Diago	of Ducinose	<del></del>													
Principal Place of Business Mailing Address																
101 E KENNEDY BLVD  101 E KENNEDY BLVD  SUITE 3925  SUITE 3925																
TAMPA FL 33602 TAMPA FL 33602													3. Date Incorporated or Qualified	-Ta-	B-4(1(1	
US							US						12/23/1992	Sa.	Date of Last F 03/27/19	
2.	Principal Pla	ace of Busin	ess		T	2a.	Mailing Address					<del></del>	4. FEI Number		00,21,10	Applied For
21							26						59-3155701	59-3155701		Not Applicable
ļ	Suite, Apt. #, etc.					Suite, Apt. #, etc.							5. Certificate of Status Desired			5 Additional
22	City & State					City & State						···			Fee	Required
23	City & State					28							6. Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
	<i>Z</i> ip			Country	E		Zip		Cou	ıntry			8. This corporation has liability for	intang		
24		25				29 30							Florida Statutes			
		9. Name	and	Address of Curi	rent Re	gist	ered Agent			227			10. Name and Address of New F	tegist	ered Agent	
UTAIDEDANI WALLA II III										81	Name	)				
HENDERSON, THOMAS N III									82	Street	Addres	ss (P.O. Box Number is Not Acceptat	(ek		···· ·· · · · · · · · · · · · · · · ·	
101 E. KENNEDY BLVD. SUITE 3700									B3	<del></del>				· · · · · · · · · · · · · · · · · · ·		
	TAMPA F															
4									84	City				<b>85</b> Z	ip Code	
11	Pursuant t	o the provisi	ons (	Sections 607.05	02 and	607	1508, Florida Stat	tutes.	the abo	ve r	amed c	corporat	ion submits this statement for the pur	rpose		registered office
	familiar wit	h, and acce	pt the	obligations of, Se	ection 60	07.C	orlange was autho 0505, Florida Statut	tes.	by the	corpo	oration'i	s board	ion submits this statement for the pur of directors. I hereby accept the app	ointme	ent as registered	d agent. I am
		Signature, typicid	or print	ed name of registered ag				NOTE		Agen	Bignature	required v	rhen reinstabng)		ATE.	
12. TI!L		PD		OFFICERS A	AND DIR	REC			13.		······	·T	ADDITIONS/CHANGES TO OFF	ICERS		
NAN		KENNEDY, DAVID A.					DELETE 1.1								Change	Addilion
	TREET ADDRESS 101 E KENNEDY BLVD #3925								1.2 NAME 1.3 STREET ADDRESS							
	TY-ST-ZIP TAMPA FL						·			1.4 CHY-ST-7IP						
TITL		VSTD					[] DELETE		2.11			· · · · · · · · · · · · · · · · · · ·			Change	☐ Addition
NAM	16	WHITING	3, P	<b>\UL</b>					2.2 N	AME						
STR	EE1 ADDRESS	5730 N.		OVER					2.3 S	REET.	ADDRESS					
	- ST - ZIP	TAMPA	FL				***************************************		2.4 CI	TY-\$1	- 216					
TITL		CD					DELETE		3.11			SC	) January Carrol January		Change	☐ Addition
NAM		BYRNES, DON 5730 N. HOOVER							=	3.2 NAME D 3.3 STREET ADDRESS 4			rnes, Carol Jean	P		
	EET AODRESS '-ST-ZIP	TAMPA		JAEV									48 westford Circle			
TITL		וואוווו רו	. L				T DELETE		4.1T	TY- \$1	- ZIP	10	mpa, FL33624		☐ Change	Addition
NAM							beauty and and the		42 N						LI Change	FT VOOIDE
	EET ADDRESS										ADDRESS					
CITY	-\$1-ZIP									IY-ST						
TITL					·		☐ DELETE	•	511			1			☐ Change	Addition
NAM	TE								5 2 NA	ME			മാന്ത്രത്തെക്കു	·	and a grown arrows	
STREET ADDRESS				. 5.3			5.3 \$1	5.3 STREET ADDRESS			80000183 -05/22/96011	1331 13-	466 -000			
	- ST- ZIP						frequency of the		5.4 CI		- 21P	ļ	***225.00	13-		
TITL	l						DELE TE		6. 1 Ti				THE COLUMN STORES		☐ Change	☐ Addition
NAM									6.2 NA							> 4r
	ET ADDRESS -ST-ZIP										ADDRESS					( b)
		certify that	the ir	formation supplie	d with ti	nis fi	ling is voluntarily fu	ırnisha	6.4 CI ed and			L alify for	the exemption stated in Section 119.	07(3)/4	d, Florida Statu	tes. I further

or fire of certify that the information supplied with this ming is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report as required 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 3 if changed, or appears to the corporation of 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 3 if changed, or appears to the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE/

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

114/94 221752

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