

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

FILED

Jan 29 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **P93000014761 (9)**1. Corporation Name
W.W. ERWIN, INC.

Principal Place of Business

**5065 NORMANDY BLVD
JAX FL 32205
US**

Mailing Address

**5065 NORMANDY BLVD.
JAX FL 32205-4849
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.**22** City & State**23** Zip**24** Country**25**

2a. Mailing Address

26 Suite, Apt. #, etc.**27** City & State**28** Zip**29** Country**30**

3. Date Incorporated or Qualified

02/26/1993

3a. Date of Last Report

02/01/1996

4. FEI Number

95-3172910

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

**ERWIN, WILLIAM W
7603 LEM TURNER RD
JACKSONVILLE FL 32208**

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 person becoming registered agent and the corporation)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETENAME **ERWIN, WILLIAM W JR**
STREET ADDRESS **7603 LEM TURNER RD.**
CITY-ST-ZIP **JACKSONVILLE FL**TITLE **S** ☒ DELETENAME **GUPTON**
STREET ADDRESS **1209 BLANDING BLVD**
CITY-ST-ZIP **ORANGE PRK FL**TITLE **D** ☐ DELETENAME **ERWIN, WILLIAM W SR**
STREET ADDRESS **7603 LEM TURNER RD**
CITY-ST-ZIP **JACKSONVILLE FL**TITLE ☐ DELETENAME ☐ DELETESTREET ADDRESS ☐ DELETECITY-ST-ZIP ☐ DELETETITLE ☐ DELETENAME ☐ DELETESTREET ADDRESS ☐ DELETECITY-ST-ZIP ☐ DELETETITLE ☐ DELETENAME ☐ DELETESTREET ADDRESS ☐ DELETECITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition12 NAME ☐ Change ☐ Addition13 STREET ADDRESS ☐ Change ☐ Addition14 CITY-ST-ZIP ☐ Change ☐ Addition21 TITLE ☐ Change ☐ Addition22 NAME ☐ Change ☐ Addition23 STREET ADDRESS ☐ Change ☐ Addition24 CITY-ST-ZIP ☐ Change ☐ Addition31 TITLE ☐ Change ☐ Addition32 NAME ☐ Change ☐ Addition33 STREET ADDRESS ☐ Change ☐ Addition34 CITY-ST-ZIP ☐ Change ☐ Addition41 TITLE ☐ Change ☐ Addition42 NAME ☐ Change ☐ Addition43 STREET ADDRESS ☐ Change ☐ Addition44 CITY-ST-ZIP ☐ Change ☐ Addition51 TITLE ☐ Change ☐ Addition52 NAME ☐ Change ☐ Addition53 STREET ADDRESS ☐ Change ☐ Addition54 CITY-ST-ZIP ☐ Change ☐ Addition61 TITLE ☐ Change ☐ Addition62 NAME ☐ Change ☐ Addition63 STREET ADDRESS ☐ Change ☐ Addition64 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/97 904-786-6965

CR2E034 (9/96)