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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000027854 (7)** 

A. W. A. CONTRACTING CO., INC.

Mailing Address Principal Place of Business 4980 JULINGTON CREEK RD. 4980 JULINGTON CREEK RD. JACKSONVILLE FL 32258 JACKSONVILLE FL 32258 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/14/1993 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 59-3148142 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country Zip Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ALLEN, ARTHUR W 4980 JULINGTON CREEK RD. Street Address (P.O. Box Number is Not Acceptable) 82 JACKSONVILLE FL 32258 83 Zip Code 84 City 85 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 Lorida. 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, typod or printed name of requitered agent and little if applicable (NOTE Registered Agent signature required when reinstating) CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change DELETE 1.1 TITLE TITLE ALLEN, ARTHUR W NAME 1.2 NAME 4980 JULINGTON CREEK RD. STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32258 CITY-ST-ZIP 1.4 C(TY - ST - 7)P Change ☐ Addition DELETE TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition 5.1 TOLE TITLE NAME 5.2 NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 40000250625 -04/30/98--01029--001 TITLE 61 THEE NAME 62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I 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 suppliemental 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 regeiver 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 attrichment with an address.

\*\*\*150.00

110 BG 1000 212 4164

FILED

Apr 30 1998 8:00am

Secretary of State