

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000037285 (2)**

1. Corporation Name
G.W.P., INC.



Principal Place of Business: **1202 SW JANETTE AVENUE PORT ST. LUCIE FL 34953**
Mailing Address: **1202 SW JANETTE AVENUE PORT ST. LUCIE FL 34953**

3. Date Incorporated or Qualified: **05/24/1993**
3a. Date of Last Report: **04/25/1995**

2. Principal Place of Business: **21 301 Indian Grove Dr.**
2a. Mailing Address: **26 301 Indian Grove Dr.**

4. FEI Number: **59-3183520**
Applied For: Not Applicable

22. City & State: **23 Stuart, Florida**
27. City & State: **28 Stuart, Florida**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

24. Zip: **34994** 25. Country: **25 Martin**
29. Zip: **34994** 30. Country: **30 Martin**

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:
**BURNEY, LARRY
1202 S.W. JANETTE AVENUE
PORT ST. LUCIE FL 34953**

10. Name and Address of New Registered Agent:
81 Name: **Larry Burney**
82 Street Address (P.O. Box Number is Not Acceptable): **301 Indian Grove Drive**
83
84 City: **Stuart** 85 Zip Code: **FL 34994**

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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNEY, LARRY	12 NAME	
STREET ADDRESS	1202 SW JANETTE AVENUE	13 STREET ADDRESS	301 Indian Grove Drive
CITY-ST-ZIP	PORT ST. LUCIE FL 34953	14 CITY-ST-ZIP	Stuart, Florida 34994
TITLE	V	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNEY, LANCE	22 NAME	
STREET ADDRESS	1202 SW JANETTE AVENUE	23 STREET ADDRESS	301 Indian Grove Drive
CITY-ST-ZIP	PORT ST. LUCIE FL 34953	24 CITY-ST-ZIP	Stuart, Florida 34994
TITLE	V	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNEY, LEE	32 NAME	
STREET ADDRESS	1202 SW JANETTE AVENUE	33 STREET ADDRESS	301 Indian Grove Drive
CITY-ST-ZIP	PORT ST. LUCIE FL 34953	34 CITY-ST-ZIP	Stuart, Florida 34994
TITLE	S	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNEY, JOYCE	42 NAME	
STREET ADDRESS	1202 SW JANETTE AVENUE	43 STREET ADDRESS	301 Indian Grove Drive
CITY-ST-ZIP	PORT ST. LUCIE FL 34953	44 CITY-ST-ZIP	Stuart, Florida 34994
TITLE		51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	James L. Burney, Jr.
STREET ADDRESS		53 STREET ADDRESS	301 Indian Grove Drive
CITY-ST-ZIP		54 CITY-ST-ZIP	Stuart, Florida 34994
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(k), 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: Larry Burney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 (407) 845-5525
Date of Preparation

CR2E034 (12/95)