

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000044648 (2)

1. Corporation Name

A S & W OF MARIANNA, INC.

Principal Place of Business

4621 HIGHWAY 90
MARIANNA FL 32446

Mailing Address

PO BOX 21
MARIANNA FL 32447
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/22/1993

3a. Date of Last Report

03/31/1994

4. FEI Number

59-1319986

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

23

City & State

24

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

29

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWERINGEN-COOK, GLENDA F
4818 LAFAYETTE ST
MARIANNA FL 32446

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 typed or printed name of registered agent not filed if applicable)

(If 11, Registered Agent signature required when recording)

(Date)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

PSTD
ASBELL, ROBERT
P O BOX 21 N/A
MARIANNA FL 32447

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

T
DUFFEE, BETTY
PO BOX 627 NA
MARIANNA FL

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

V
WESTMORELAND, CARRIE V
3364 BEVA RD, COUNTRY CLUB HILLS
MARIANNA FL 32446

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

☐ Change ☐ Addition

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 110.07(3)(k), Florida Statutes. I further certify that the information reflected 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 this 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 hereon, or as an attachment with an address.

SIGNATURE:

Robert N. Asbell
Signature and typed or printed name of signing officer or director

4/20/95

904-482-2962