

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 4/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUL 18 AM 8:27

DOCUMENT # P93000051990 (8)

1. Corporation Name

H & W PRODUCTIONS, INC.

Principal Place of Business

4335 W FAIRFIELD DRIVE
 PENSACOLA FL 32505

Mailing Address

4335 W FAIRFIELD DRIVE
 PENSACOLA FL 32505

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/22/1993

3a. Date of Last Report

07/21/1994

4. FEI Number

59-3167633

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

21 120 Entrance Rd #10

Suite, Apt. #, etc.

22

City & State

23 Pensacola, FL

Zip

24 32504

Country

25 USA

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

NEWELL, WILSON G
 4335 W FAIRFIELD DR
 PENSACOLA FL 32505

10. Name and Address of New Registered Agent

81 Name

Newell, Wilson

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

120 Entrance Road

83

Unit 10

84 City

Pensacola

FL

85 Zip Code

32504

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 and title if applicable)

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

D
 WANG, L Y
 4335 W FAIRFIELD DR
 PENSACOLA FL 32505

TITLE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

P
 PEARSON, J. HAROLD
 3504 BROOKFIELD ROAD
 BIRMINGHAM AL

TITLE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

VP
 NEWELL, WILSON
 3100 LEESBURG SQUARE
 PENSACOLA FL

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 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 appointment with an address.

SIGNATURE:

J. Harold Pearson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Harold Pearson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/95
 DATE
 664-2100
 TELEPHONE NUMBER

CR2E034 (3/95)