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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P93000058673 1. Corporation Name

A.T. & W.P. INC.

TRENTON FL 32693

Principal Place of Business	Mailing Address
114 NORTHEAST FIRST STREET	P.O.BOX 308

TRENTON FL 32693

## FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90075 032 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

City & State   Country   Zip   Country   State   Trust Fund Contribution   Trust Fund Contribution   Trust Fund Contribution   State   Country   State   Country   State   Country   State   Trust Fund Contribution   State   Country   C	Not A 8.75 Add Fee Requ \$5.00 Ma Added to F ble Yes	uired lay Be
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.	8.75 Add Fee Requ \$5.00 Ma Added to f ble Yes	ditional uired lay Be Fees
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.	\$5.00 Ma Added to f ble Yes	uired lay Be Fees
City & State  Country  Zip  Country  8. This corporation owes the current year Intangible Personal Property Tax.  Year of Country  9. Name and Address of Current Registered Agent  BURT, THEODORE M  114 NORTHEAST FIRST STREET  TRENTON FL 32693  82 Street Address (P.O. Box Number is Not Acceptable)  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 channoffice 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 agent. I am fapiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. NAME  Delate  HOLBEN, JAMES S	\$5.00 Ma Added to P ble Yes	lay Be Fees
Zip Country Zip Country B. Trust Fund Contribution  Zip Country B. Trust Fund Contribution  Zip Country B. This corporation owes the current year Intangib Personal Property Tax. Year Property Tax.  9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  BURT, THEODORE M 114 NORTHEAST FIRST STREET TRENTON FL 32693  82 Street Address (P.O. Box Number is Not Acceptable)  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 channoffice 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 agent. I am faprillar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature typed or private name of registered Agent signature required when reinstating)  DATE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. TITLE  D GELETE  1.1 TITLE  D	Added to f ble Yes	Fees
Zip Country Zip Country 8. This corporation owes the current year Intangib Personal Property Tax.  9. Name and Address of Current Registered Agent  BURT, THEODORE M 114 NORTHEAST FIRST STREET TRENTON FL 32693  81 Name  BURT, THEODORE M 114 NORTHEAST FIRST STREET TRENTON FL 32693  82 Street Address (P.O. Box Number is Not Acceptable)  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. City  FL  85  SIGNATURE Signature required when reinstating)  DATE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. TITLE  D  HOLBEN, JAMES S	ble Yes 🔽	•
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NAME HOLBEN, JAMES S 12 NAME	Change	Addition
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ACCOUNT ADDRESS   LICENMAY 170		
CITY-ST-ZIP BELL FL 32619 1.4 CITY-ST-ZIP	0	
mile MDS	Change	Addition
NAME HOLBEN, JAMES LEE 22 NAME		
STREET ADDRESS 1300 UNDERWOOD 2.3 STREET ADDRESS		
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STREET ADDRESS 6.3 STREET ADDRESS	Change	
CITY-ST-ZIP 6.4 CITY-ST-ZiP	Change	

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 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 of 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 with all other like empowered.

SIGNATURE: