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 # **P93000060088 (0)**

1. Corporation Name
CFW ENTERPRISES, INC.

Principal Place of Business
1983 RALEY CREEK DR W
JACKSONVILLE FL 32225
US

Mailing Address
P.O. BOX 15398
JACKSONVILLE FL 32239-398
US

3. Date Incorporated or Qualified: **08/23/1993**
3a. Date of Last Report: **04/28/1995**
4. FEI Number: **59-3204795** [ ] 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 oil pollution tax under s. 199.032, Florida Statutes [XX] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 **32239-5398** | County 30

9. Name and Address of Current Registered Agent

WILSON, CATHERINE F
1983 RALEY CREEK DR W
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 617.1905, 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. The name and address of the registered agent and the registered office and the address of the principal place of business of the corporation as changed, will be identical to those set forth in this statement. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICER/DIRECTORS

TYPE: PSTD
NAME: WILSON, CATHERINE F
STREET ADDRESS: 1983 RALEY CREEK DR W
CITY-ST-ZIP: JACKSONVILLE FL 32225
[ ] DELETE

TYPE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] DELETE
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TYPE / 2 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP [ ] Change [ ] Addition
2 TYPE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] Change [ ] Addition
3 TYPE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] Change [ ] Addition
4 TYPE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] Change [ ] Addition
5 TYPE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] Change [ ] Addition
6 TYPE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] Change [ ] Addition

14. I hereby certify that the information indicated on this report or supplemental 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 with an indication that I am a new officer or director.

SIGNATURE: _____ 1/17/96 904/641-6721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone
X Catherine F. Wilson

CR2E034 (12/95)