

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000062333 (8)**

1. Corporation Name

TOM SAWYER, INC.



Principal Place of Business

**14334 WELLINGTON TRACE
W PALM BEACH FL 33414**

Mailing Address

**14334 WELLINGTON TRACE
W PALM BEACH FL 33414**

2. Principal Place of Business

21 **802 MAPLEWOOD DR.**

Suite, Apt. #, etc.

22 **WPB, FLA.**

City & State

23 **WPB FLA**

Zip

24 **33415**

Country **USA**

2a. Mailing Address

25 **802 MAPLEWOOD DR.**

Suite, Apt. #, etc.

27 **WPB FLA**

City & State

28 **WPB FLA**

Zip

29 **33415**

Country **U.S.**

3. Date Incorporated or Qualified
08/31/1993

3a. Date of Last Report
04/20/1995

4. FEI Number
65-0431755

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

10. Name and Address of New Registered Agent

**SAWYER, WARREN
14334 WELLINGTON TRACE
W PALM BEACH FL 33414**

81 Name

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

802 MAPLEWOOD DR.

83 **WPB, FLA.**

84 City

FL

85 Zip Code

33415

11. Pursuant to the provisions of Sections 607.0507 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 based on printed name of registered agent or director, if applicable.

Signature based on printed name of registered agent or director, if applicable.

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **SAWYER, WARREN**
STREET ADDRESS **14334 WELLINGTON TRACE**
CITY-STATE-ZIP **W PALM BEACH FL 33414**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

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STREET ADDRESS ☐ DELETE

CITY-STATE-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY-STATE-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-STATE-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-STATE-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-STATE-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-STATE-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-STATE-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 attachment with an address.

SIGNATURE: **Warren T. Sawyer** **WARREN T. SAWYER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

4-29

407-478-6936

Date

Telephone Number

CR2E034 (12/95)