FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 APR -4 AM 11:27

DOCUMENT # **P94000009041 (2)**

1. Corporation Name
R.E.W. ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~12399 OAKS LN~~ SUITE 1 ~~SEMINOLE FL 34642~~ 36 TROPIC BLVD W. LARGO FL 34640	~~12399 OAKS LN~~ PO BOX 1597 ~~SEMINOLE FL 34642~~ LARGO FL 34649

3. Date Incorporated or Qualified: 02/04/1994
3.1. Date of Last Report: —

2. Principal Place of Business 21 LARGO FL	2a. Mailing Address 26 PO BOX 1597 LARGO FL. 34649	4. FEI Number 59 3227214	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22 1	Suite, Apt. #, etc. 27 —	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 LARGO FL	City & State 28 LARGO FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 34640 25 PINELLAS	Zip / Country 29 34640 30 PINELLAS	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent

WRIGLEY, ROBERT E
12399 OAKS LN
SEMINOLE FL 34642

10. Name and Address of New Registered Agent

81 Name: WRIGLEY, Robert E
82 Street Address (P.O. Box Number is Not Acceptable): 1660 GULF BLVD APT 802
83
84 City: CLEARWATER FL. FL 85 Zip Code: 34630

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: Robert E. Wrigley PRESIDENT — MARCH 30, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mail/fax) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D WRIGLEY, ROBERT E 12399 OAKS LN SEMINOLE FL 34642	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	WRIGLEY, Robert E 1660 GULF BLVD APT 802 CLEARWATER FL 34630 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D WRIGLEY, R. MARIE 12399 OAKS LN SEMINOLE FL 34642	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	WRIGLEY, R. MARIE 1660 GULF BLVD - APT 802 CLEARWATER FL 34630 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		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)(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 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 added to the report.

SIGNATURE: Robert E. Wrigley — MAR 30, 1995 — P13-541-6111
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0043743 CP