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**APPROVED
AND
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SEPT 12 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra H. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000028862 (8)

1. Corporation Name

FWT & ASSOCIATES, INC.

Principal Place of Business

**10768 SEACLIFF CIRCLE
BOCA RATON FL 33498**

Meeting Address

**10768 SEACLIFF CIRCLE
BOCA RATON FL 33498**

Default within this space

3. Date of Incorporation or Qualification

04/14/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Meeting Address

26

4. Fee Number

65-0487380

Applied For

Not Applicable

Suite, Apt. # etc.

22

Suite, Apt. # etc.

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**TARASCHKE, FRED W
10768 SEACLIFF CIRCLE
BOCA RATON FL 33498**

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 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

Fred W Taraschke

5/3/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PTD

NAME

**TARASCHKE, FRED W
10768 SEACLIFF CIRCLE
BOCA RATON FL 33498**

STREET ADDRESS

CITY, ST, ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

SD

NAME

**TARASCHKE, LINDA M
10768 SEACLIFF CIRCLE
BOCA RATON FL 33498**

STREET ADDRESS

CITY, ST, ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

VD

NAME

**PICKERING, TED H
1320 TIDAL POINTE BLVD.
JUPITER FL 33477**

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 hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.032-199.033, Florida Statutes. I further certify that the information included in 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 sole or franchise owner/proprietor to whom this report is required by Chapter 199, Florida Statutes, and that my name appears in Block 1, 2, or Block 3 of this report or on an officer list with an address.

SIGNATURE:

Fred W Taraschke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/95

(407) 691-2868