

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000030359 (1)

1. Corporation Name
D & W ASSOCIATES, INC.



Principal Place of Business: **400 8TH STREET NORTH NAPLES FL 33940**
Mailing Address: **400 8TH STREET NORTH NAPLES FL 33940**

3. Date Incorporated or Qualified: **04/19/1994** 3a. Date of Last Report: **04/10/1995**
4. FEI Number: **65-0497700** 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

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30 Country

9. Name and Address of Current Registered Agent

**DUNCAN, R L
400 8TH STREET NORTH
NAPLES FL 33940**

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 607.0602 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 607.0105, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature of Registered Agent (required when re-appointing) Signature of Registered Agent (required when re-appointing) DATE

12. OFFICERS AND DIRECTORS

1. TITLE: **D** DELETE
NAME: **DUNCAN, R L**
STREET ADDRESS: **400 8TH STREET NORTH**
CITY-STATE-ZIP: **NAPLES FL 33940**

2. TITLE: **D** DELETE
NAME: **WILSON, ROBERT W**
STREET ADDRESS: **400 8TH STREET NORTH**
CITY-STATE-ZIP: **NAPLES FL 33940**

3. TITLE: DELETE

4. TITLE: DELETE

5. TITLE: DELETE

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16. TITLE: DELETE

17. TITLE: DELETE

18. TITLE: DELETE

19. TITLE: DELETE

20. TITLE: DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: Change Addition
2. NAME: Change Addition
3. STREET ADDRESS: Change Addition
4. CITY-STATE-ZIP: Change Addition
5. TITLE: Change Addition
6. NAME: Change Addition
7. STREET ADDRESS: Change Addition
8. CITY-STATE-ZIP: Change Addition
9. TITLE: Change Addition
10. NAME: Change Addition
11. STREET ADDRESS: Change Addition
12. CITY-STATE-ZIP: Change Addition
13. TITLE: Change Addition
14. NAME: Change Addition
15. STREET ADDRESS: Change Addition
16. CITY-STATE-ZIP: Change Addition
17. TITLE: Change Addition
18. NAME: Change Addition
19. STREET ADDRESS: Change Addition
20. 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 or 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: *Robert Wilson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/96 *(941) 261-5511*
DATE TELEPHONE NUMBER

CR2E034 (12/95)