

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000054815 (3)

1. Corporation Name
RWGL CORPORATION

Principal Place of Business
7550 COLLINS ROAD
JACKSONVILLE FL 32244

Mailing Address
7550 COLLINS ROAD
JACKSONVILLE FL 32244-7045



3. Date Incorporated or Qualified 07/25/1994
3a. Date of Last Report 04/10/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 59-3256255
Applied For Not Applicable

21 Suite Apt #, etc.

26 Suite Apt #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, R W
7550 COLLINS ROAD
JACKSONVILLE FL 32244

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

Signature of type of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	SECT 5 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, R W	1.2 NAME	GILPATRICK, BORAH D.
STREET ADDRESS	7550 COLLINS ROAD	1.3 STREET ADDRESS	2916 CIRCLE RIDGE DR
CITY- ST- ZIP	JACKSONVILLE FL 32244	1.4 CITY- ST- ZIP	ORANGE PARK FL 32065
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	ASST SECT 5 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILPATRICK, GEORGE Y	2.2 NAME	RUEHS, NANCY A.
STREET ADDRESS	2916 CIRCLE RIDGE DR	2.3 STREET ADDRESS	7550 COLLINS ROAD
CITY- ST- ZIP	ORANGE PARK FL	2.4 CITY- ST- ZIP	JACKSONVILLE FL 32244
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, JANETTE H.	3.2 NAME	
STREET ADDRESS	5127 ASTRAL STREET	3.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL	3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing 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 on an attachment with an address.

SIGNATURE:

R. W. MILLER 3/26/97 904-779-7937

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)