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

CORPORATION ANNUAL REPORT

1998

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City & State



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000072721 (1)

MWM SALES AND SERVICE, INC.

Country

Principal Place of Business	Mailing Address	
515 VIA TRIPOLI UNIT B PUNTA GORDA FL 33950	515 via tripoli Unit B Punta Gorda FL 33950	
2. Principal Place of Business	2#. Mailing Address	,
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

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City & State

FILED Jan 16 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

10/03/1994

65-0523169

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

Trust Fund Contribution

	9. Name and Address of Content Reg	barried Lifett			IU. Haitle bitu Addiess Of Herr net	10101647			
WAKSLER, GERI L PEPER, MARTIN, JENSEN, MAICHEL, & HETIAGE 1625 W MARIN AVE, STE 2		81	II Na	ime					
		82	2 Str	Street Address (P,O Box Number is Not Acceptable)					
		83	1	, 200,000,000,000,000,000,000,000,000,00			,,,,,,		
PUNTA GORDA FL 33950									
			84	Ca	v	FL	85 Z	p 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									
	m familiar with, and accept the obligations				The state of the s	. wie steb	311 12 112 111	11/01/21/21/25	
SIGNATURE									
	Signature, typed or printed name of registered agent and to			ent siqi	nature required when reinstating)	DATE	5.0F0T		
12.	OFFICERS AND DIR	ECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICE		DIRECT		
TIFLE	DP	TT DEFEIG	1.1 TITLE		,		FT Chang	e L_1 Addition	
NAME	MELTON, MICKEY G		1.2 NAME						
SYREET ADDRESS	515 VIA TRIPOLI, UNIT B		1.3 STREE		ESS				
CITY-SI-ZIP	PUNTA GORDA FL	División de la constantidad de l	1.4 CITY -	51- <i>/</i> IP			7-1-21		
1.ITE	DVPS	☐ DELETE	ETITI 1.5				Chang	e [_] Addition	
NAME	MELTON, LORETTA J		2.2 NAME						
STREET ADDRESS	515 VIA TRIPOLI, UNIT B		Z.3 STREET	i addr:	ESS				
CHY-SI-ZIP	PUNTA GORDA FL	hannan	2 4 CITY-	S1 - 71P			,		
TITLE	DT	☐ DELETE	31 TITLE				Chang	e 🔲 Addition	
NAME	MCLAREN, LISA M		3.2 NAME)	
STREET ADDRESS	515 VIA TRIPOLI, UNIT A		3,3 STBFET	T ADDRI	ESS				
СПҮ- <u>51</u> -ЛР	PUNTA GORDA FL		3.4. CITY-	ST-ZIP					
TOLLE		DELETE	4 1 TITLE				Chang	Addition	
NAME			4.2 NAME					ĺ	
STREET ADDRESS			4.3 STREET	T ADDAI	ese (i	
City+St-Zip			4.4 CITY-5	ST-ZIP					
TITLE		DELETE	5.1 TITLE				Change	Addition	
NAME			5.2 NAME					ì	
STREET AUDRESS			5.3 STREET	i addri	ESS				
CITY-SE-ZIP			54 CITY-8	Sĩ-ZiP					
TME		DELETE	61 TITLE				Change	Addition	
NAME			6.2 NAME						
STREET ADDRESS			od Silker	I ADDRE	ess			İ	
CITY-ST-ZIP			6.4 CITY-8	51-ZiP				į	
	ertily that the information supplied with this	tiling does not quality for	the exemp	otion s	stated in Section 119.07(3)(i), Florida Statutes, Lit	urther cer	tity that t	ne intermation	

Country

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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: