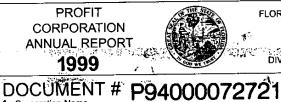
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

MWM SALES AND SERVICE, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90001 012 ***150.00



Principal Place	of Business	Mailing Address		· ·	
515 VIA TRIPOLI	I	515 VIA TRIPOLI			
UNIT B UNIT B			DO NOT WRITE IN THI	S SPACE	
PUNTA GORDA FL 33950 PUNTA GORDA FL 33950			3. Date Incorporated or Qualifed	-	
				10/03/1994	
2 Principal Dir	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
	ace of business	26		65-0523169	Not Applicable
Suite, Apt. #	# etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	., .	27		3. Certificate of Status Bosins	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	ntangible ☐ Yes ☐ No
24	25	29 3	0	Personal Property Tax. 10. Name and Address of New Registere	
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Registere	u Agein
1ALA EZ	CLED CEDIT				
	sler, geri l Er. Martin, jensen, maichel,	& HETIAGE	82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	W MARIN AVE, STE 2	a HEIMOL	83		
	TA GORDA FL 33950				
FUN	IA GURDA FE 33530		84 City	F	85 Zip Code
		O 1 007 4500 Flyride Ctatutoo	the above named col	repretion submits this statement for the purpose	of changing its registered
				tion's board of directors. I hereby accept the app	ointment as registered
agent. I a	m familiar with, and accept the obligation	tions of, Section 607.0505, Florid	la Statutes.		
SIGNATURE		ANOTE: P	legistered Agent signature requi	red when reinstating) DATE	
12.	Signature, typed or printed name of registered ager	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE	,	☐ Change ☐ Addition
NAME	MELTON, MICKEY G		1.2 NAME		
STREET ADDRESS	THE LEAST TOUR OLD LINUT D		1.3 STREET ADDRESS		
CITY+ST-ZIP	PUNTA GORDA FL		1.4 CITY-ST-ZIP		
TITLE	DVPS	☐ DELETE	2.1 TITLE	,	☐ Change ☐ Addition
NAME	MELTON, LORETTA J		2.2 NAME		
STREET ADDRESS	FAR MA TOIDOLÍ LIMIT D		2.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL	. Automotive a second	2.4 CITY-ST-ZIP	* * * * * * * * * * * * * * * * * * * *	
TITLE	DT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MCLAREN, LISA M		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		1
STREET ADDRESS			4.3 STREET ADDRESS		•
CITY-ST-ZIP			4.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	I		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
STREET ADORESS			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
		☐ DELETE	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
CITY-ST-ZIP		☐ DELETE	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<u> </u>	

14. I 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, with all other like empowered.