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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000089525 (7)**

1. Corporation Name
DWDC, INC.

Principal Place of Business	Mailing Address
949 TIMBER GREEN DRIVE LAKELAND FL 33809	949 TIMBER GREEN DRIVE LAKELAND FL 33809-4680

3. Date Incorporated or Qualified: **12/09/1994**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business
21 6820 S. Florida Ave
22 Suite, Apt. #, etc.
23 City & State: LaKeland, FL
24 Zip: 33813 25 Country: POLK

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

4. FEI Number: **59-3310345** ☐ 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

9. Name and Address of Current Registered Agent

SCOTT, CAROLYN
949 TIMEBRGREEN DRIVE
LAKELAND FL 33809

10. Name and Address of New Registered Agent

81 Name: Stephen H. Artman
82 Street Address (P.O. Box Number is Not Acceptable): 908 S. Florida Ave
83 Suite 102, Colonial Bldg
84 City: LaKeland, FL **FL** 85 Zip Code: 33803

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] (NOTE: Registered Agent's signature required when reinstating) DATE: 3-20-97

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	SCOTT, DONALD W		1.2 NAME	Scott, Jr., DONALD W.	
STREET ADDRESS	949 TIMBER GREEN DRIVE		1.3 STREET ADDRESS	949 Timbergreen Drive	
CITY-ST-ZIP	LAKELAND FL 33809		1.4 CITY-ST-ZIP	LaKeland, FL 33809	
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SCOTT, CAROLYN		2.2 NAME		
STREET ADDRESS	949 TIMBER GREEN DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33809		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Carolyn Scott EXECUTIVE 3-15-97 941-640-7168
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0386099