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Mar 13 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 # P95000004020 (0)

1. Corporation Name
RWP CAPITAL CORPORATION

Principal Place of Business

627 S. RANGE ST.
MADISON FL 32340

Mailing Address

627 S. RANGE ST.
MADISON FL 32340-2215



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/17/1995	3a. Date of Last Report 06/18/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3292342		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SCHOELLES, PAM
627 S. RANGE ST.
MADISON FL 32340

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	FL

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, understand and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	1.1 TITLE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2. NAME	2.1 NAME	2.1 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3. STREET ADDRESS	3.1 STREET ADDRESS	3.1 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4. CITY - ST - ZIP	4.1 CITY - ST - ZIP	4.1 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5. TITLE	5.1 TITLE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6. NAME	6.1 NAME	6.1 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
7. STREET ADDRESS	7.1 STREET ADDRESS	7.1 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
8. CITY - ST - ZIP	8.1 CITY - ST - ZIP	8.1 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
9. TITLE	9.1 TITLE	9.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
10. NAME	10.1 NAME	10.1 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. STREET ADDRESS	11.1 STREET ADDRESS	11.1 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. CITY - ST - ZIP	12.1 CITY - ST - ZIP	12.1 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
13. TITLE	13.1 TITLE	13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
14. NAME	14.1 NAME	14.1 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
15. STREET ADDRESS	15.1 STREET ADDRESS	15.1 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
16. CITY - ST - ZIP	16.1 CITY - ST - ZIP	16.1 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 registered agent 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 any attachment with an address.

SIGNATURE: Jan N. Keeling 2/20/97 904-973-4784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #