

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jun 05 1997 8:00am
Secretary of State

DOCUMENT # P95000023261 (7)

1. Corporation Name
BWP ENTERPRISES, INC.

Principal Place of Business

2095 N. BAY ROAD
MOUNT DORA FL 32757
US

Mailing Address

2095 N BAY ROAD
MOUNT DORA FL 32757-2105
US



2. Principal Place of Business

21 2095 N. Bay Rd
Suite, Apt. #, etc.

2a. Mailing Address

26 SAME as above
Suite, Apt. #, etc.

22 City & State

23 Mount Dora, FL
City & State

24 Zip

32757

Country

USA

27 City & State

28

29 Zip

30

Country

31

3. Date Incorporated or Qualified

03/22/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0252058

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

PRITT, WAYNE P
34151 PARKVIEW AVENUE
EUSTIS FL 32728

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE

NAME PRITT, WAYNE P
STREET ADDRESS 2095 NORTH BAY ROAD
CITY-ST-ZIP MOUNT DORA FL

TITLE P ☐ DELETE

NAME PRITT, BARBARA W.
STREET ADDRESS 34151 PARKVIEW AVENUE
CITY-ST-ZIP EUSTIS FL

TITLE ST ☐ DELETE

NAME ZILL, MARY ALICE
STREET ADDRESS 2095 N BAY ROAD
CITY-ST-ZIP MOUNT DORA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

MARY ALICE ZILL

5/29/97

352-357-1.199

CR2E034 (9/96)