FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000029820 (4)**

1. Corporation Name

C & W ENTERPRISES OF ST. JOHNS, INC.

Principal Place of Business	Mailing Address
100 SOUTH PARK BLVD. STE 101 ST AUGUSTINE FL 32086	100 SOUTH PARK BLVD. STE 101 ST AUGUSTINE FL 32086

3. Date Incorporated or Qualified: 04/10/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 2360 US 1 South
Suite, Apt. #, etc. 22:
City & State 23: St. Augustine, Fl
Zip 24: 32086
Country 25: St. Johns

2a. Mailing Address
26: 2360 US 1 South
Suite, Apt. #, etc. 27:
City & State 28: ST. Augustine, Fl
Zip 29: 32086
Country 30: St. Johns

4. FEI Number: 59-3312794 ☐ 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

ANDREWS, DAVID M
100 SOUTH PARK BLVD. STE 101
ST AUGUSTINE FL 32086

10. Name and Address of New Registered Agent

81 Name: Gary L. Peterson
82 Street Address (P.O. Box Number is Not Acceptable): 2360 US 1 South
83:
84 City: St. Augustine **FL** 85 Zip Code: 32086

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: Gary L. Peterson — Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when filing. DATE: March 19, 1996

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ANDREWS, DAVID M P.O. BOX 5358 N/A ST. AUGUSTINE FL 32085	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	Vice President Cathy Jackerson 1 Quail Ridge Road Milford, DE 19963	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Treasurer David Jamison 3068 N Dug Gap Road Dalton, GA 30720	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	Secretary/Treasurer Nancy Peterson 10216 E Potter Road Davison, MI 48423	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	400001765184 -04/04/96--01044--023 ***200.00	☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Gary L. Peterson — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: March 19, 96

Daytime Phone Number: 797-7228

96-4-4