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Mar 17 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 # P95000029820 (4)

1. Corporation Name

C & W ENTERPRISES OF ST. JOHNS, INC.

Principal Place of Business

2360 US 1 SOUTH
ST AUGUSTINE FL 32086

Mailing Address

2360 US 1 SOUTH
ST AUGUSTINE FL 32086-5762

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

PETERSON, GARY L
2360 US 1 SOUTH
ST AUGUSTINE FL 32086

3. Date Incorporated or Qualified

04/10/1995

3a. Date of Last Report

04/04/1996

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

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 in ink, and not a facsimile or a photocopy

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP
NAME JACKERSON, CATHY
STREET ADDRESS 1 QUAIL RIDGE ROAD
CITY-ST-ZIP MILFORD DE 19963

☐ DELETE

TITLE ST
NAME PETERSON, NANCY
STREET ADDRESS 10216 E. POTTER ROAD
CITY-ST-ZIP DAVIDSON MI 48423

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRES
1.2 NAME DANIEL R. PETERSON
1.3 STREET ADDRESS 9307-2 OAKMONT DR
1.4 CITY-ST-ZIP GRAND BLANC, MI 48439

☐ Change

☒ Addition

2.1 TITLE ST
2.2 NAME PETERSON, NANCY
2.3 STREET ADDRESS 9307-2 OAKMONT DR
2.4 CITY-ST-ZIP GRAND BLANC, MI 48439

☒ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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

[Signature]

3-12-97 (916) 242-8590

CR2E034 (9/96)