FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 APR 30 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000032805 (0)**

1. Corporation Name
PW PROPERTIES, INCORPORATED

Principal Place of Business	Mailing Address
7608 GAINESVILLE AVE. JACKSONVILLE FL 32208	7608 GAINESVILLE AVE. JACKSONVILLE FL 32208-3232

3. Date Incorporated or Qualified: **04/26/1995**
3a. Date of Last Report: **07/31/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **59-3308943** ☐ 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

ALLEN, SCOTT L
7608 GAINESVILLE AVE.
JACKSONVILLE FL 32208

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, type or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ALLEN, R. CHARLES		1.2 NAME	500002168175--9	
STREET ADDRESS	8928 CASTLE BLVD., UNIT ONE		1.3 STREET ADDRESS	-05/06/97--01115--018	
CITY-ST-ZIP	JACKSONVILLE FL 32208		1.4 CITY-ST-ZIP	****347.50 ****173.75	
TITLE	PD	☐ DELETE	2.1 TITLE	Director	☒ Change ☐ Addition
NAME	ALLEN, SCOTT L		2.2 NAME	Allen, Scott L	
STREET ADDRESS	7608 GAINESVILLE AVE.		2.3 STREET ADDRESS	7608 Gainesville Avenue	
CITY-ST-ZIP	JACKSONVILLE FL 32208		2.4 CITY-ST-ZIP	Jacksonville, FL 32208	
TITLE	SD	☐ DELETE	3.1 TITLE	President/Director	☒ Change ☐ Addition
NAME	ALLEN, SHELDON L		3.2 NAME	Allen, Sheldon L	
STREET ADDRESS	2227 HILLSIDE RD.		3.3 STREET ADDRESS	2227 Hillside Road	
CITY-ST-ZIP	TALLAHASSEE FL 32310		3.4 CITY-ST-ZIP	Jacksonville, FL 32310	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ALLEN, RONDALL E		4.2 NAME		
STREET ADDRESS	418 GAITHER DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32310		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	Secretary/Director	☐ Change ☒ Addition
NAME	PALMER, LEWIS		5.2 NAME	Pulliam, Veronica	
STREET ADDRESS	6266 BARRY DRIVE WEST		5.3 STREET ADDRESS	8846 Marlee Road	
CITY-ST-ZIP	JACKSONVILLE FL 32208		5.4 CITY-ST-ZIP	Jacksonville, FL 32222-1616	
TITLE	D	☒ DELETE	6.1 TITLE	Director	☐ Change ☒ Addition
NAME	DOREMAN, WALTER		6.2 NAME	Johnson, Charles	
STREET ADDRESS	4654 PORTSMOUTH AVENUE		6.3 STREET ADDRESS	4222 Cayuga Street	
CITY-ST-ZIP	JACKSONVILLE FL 32208		6.4 CITY-ST-ZIP	Tampa, FL 33610	

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: Scott L. Allen April 29, 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0032717