

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

DOCUMENT # P95000084831 (3)

1. Corporation Name
C L & W ENTERPRISES, INC.

Principal Place of Business

PO BOX 130
KENANSVILLE FL 34739

Mailing Address

PO BOX 130
KENANSVILLE FL 34739-0130

2. Principal Place of Business

21 P.O. Box 1319

Suite, Apt. #, etc.

City & State

23 SILVER SPRINGS, FL

Zip

24 34489

Country

25 USA

2a. Mailing Address

26 P.O. Box 1319

Suite, Apt. #, etc.

City & State

28 SILVER SPRINGS, FL

Zip

29 34489

Country

30 USA

9. Name and Address of Current Registered Agent

LOFTIN, ROBIN
90 PINE DR.
KENANSVILLE FL 34739

3. Date Incorporated or Qualified

11/01/1995

3a. Date of Last Report

07/23/1996

4. FEI Number

59-3340467

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 name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME LOFTIN, ROBIN
STREET ADDRESS PO BOX 130
CITY-ST-ZIP KENANSVILLE FL 34739

TITLE D ☐ DELETE

NAME COOPER, WILLIAM
STREET ADDRESS PO BOX 130
CITY-ST-ZIP KENANSVILLE FL 34739

TITLE D ☐ DELETE

NAME WHITLEY, CHARLES
STREET ADDRESS P.O. BOX 1379 N/A
CITY-ST-ZIP SILVER SPRINGS FL

TITLE D ☐ DELETE

NAME WHITLEY, DEBORAH
STREET ADDRESS P.O. BOX 1379 N/A
CITY-ST-ZIP SILVER SPRINGS FL

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

90 PINE DRIVE
KENANSVILLE FL 34739

90 PINE DRIVE
KENANSVILLE FL 34739

6860 NE CR 326
SILVER SPRINGS FL 34488

6860 NE CR 326
SILVER SPRINGS FL 34488

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

DATE

DATE

CR2E034 (9/96)