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PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000024635 (0)

W & R ASSOCIATES OF PLANT CITY, INC.

Principal Place of Business Mailing Address
21 N. COLLINS STREET 121 N. COLLINS STREET

FILED
May 21 1997 8:00am
Secretary of State

		Mailing Address		ļ.					
121 N. COLLINS BLANT-CITY-FL 3		121 N. COLLINS STREET PLANT CITY FL 33500 831	<del> </del>						
					3. Date Incorporated or Qualit	lied (	Ba. Date of	Last R	eport
2. Principal Plac	e of Business	2a. Mailing Address	n. 11 14 5	- 1	4. FEI Number			Ap	plied For
	ICAMORE LANEE.	26 2106 5 JEAMO	RE LANE E		65-0664102				t Applicable
Suite, Apt. #,	etc.	Suite, Apt #, etc.			5. Certificate of Status Desired	ı 🔏		1.75 / Fee Re	Additional equired
City & State	- C.T.1 El	City & State	- 11		6. Election Campaign Financin				May Be
23 72 4NT	Country	28 Ph/1407 C//	Country		Trust Fund Contribution  8. This corporation has liability	for inte			to Fees
1 33564	25 /4 (( 5 BORDUGA	1-7	30 HI (SBIR)	over	Florida Statutes	Y	es 🔀 No		185.032,
	9. Name and Address of Current	Registered Agent	B1 Na		10. Name and Address of Ne	w Regis	tered Agen	<u> </u>	······································
	AN, JAMES L			MER	BERT E. WATK	105			
	- COLUNG STREET		82 5	eet Apdres	s (P.O. Box Number is No. Appr	optable)			
PICANI	r City FL 33506		83	100	TYCHINE WINE				
					<i>'</i>				
			84 City	PLAI	ST CITY		FL  85	200	826
11. Pursuant to t	the provisions of Sections 607 0502	and 607.1508, Florida Statut	es, the above-nan	ned corpor	ation submits his statement for	the purp	soco of char	ging it	s registered
office or regi agent. I am f	istered agent, or both, in the State of familiar with and accept the obligati	r Florida. Such change was a ons of Section 607,0505, Fl	authorized by the orida Statutes.	corporation	n's board of difectors. I hereby a	accept ti	ne appointm	eni as	registered
SIGNATURE 🔏	west & Gallen PR	es. HERDERT	E. WATKIN	lj .		5/	16/97	•	
	A S								•••••
<del></del>	Parture, Typed or painted name of registered agent	and title if applicable. (NO)	E: Registered Agent sign	banlupan arufa		7	DAYE		
12.	OFFICERS AND	and title if applicable. (NOT DIRECTORS	13.	beriuper erufa	when reinstating) ADDITIONS/CHANGES TO C	FFICER			
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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 12

GIGNATURE: SWEET WATER MAN OF BIGNING OFFICE OF THE WATER AND TYPES OF PRINTED MAN OF BIGNING OFFICE BY THE TOP IN THE TOP THE

5/16/97 913-752-96/