Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90103 045 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000047954

i. Corporation	110000					,			
L.W.G. INDUSTRIES, INC.									Acres 478) (50)
					•				
Principal Place	of Business	Mailing Address))		61111 B181 1681
8465 WEST GULF BLVD SUITE 40 SUITE 40									
TREASURE ISLAND FL 33706 TREASURE ISLAND FL 33706						DO NOT WRITE IN THIS SPACE			
US US						3. Date Incorporated or Qualifed			
						05/31/1996			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Ap	plied For
21 26						59-3298745	9-3298745		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Additional			Additional
27						5. Certifcate of Status Desired		Fee Re	equired
City & State City & State			·			6. Election Campaign Financing \$5.00 May Be			
23						Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Coun	try		8. This corporation owes the current y	ear Inta	ngible	
24	25	29 3	0			Personal Property Tax.		Yes	⊠ No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Regis	tered /	\gent	
				31	Name				
Garland, David R.			١.	82 Street Address (P.O. Box Number is Not Acceptable)					
8465 WEST GULF BLVD.			- \	24	Street Addres	ss (P.O. Box Number is Not Acceptable)			\
SUITE 40			T	33					
TREASURE ISLAND FL 33706				_			_	1 1	
				84	City		FL	85 Zip (Code
44 5	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	theah		-named como	ration submits this statement for the purp	ose of	changing its	registered
office or r	ogistered agent or both in the State o	f Florida. Such change was aut	nonzea	ov i	tne comoration	's board of directors. I hereby accept the	appoir	tment as re	gistered
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Floric	ia Statui	es.					J
SIGNATURE	Signature, typed or printed name of registered agent		Ingistered A	cent	t signature required v	when reinstating)	ATE		
12.	OFFICERS AND		13.	gon	alghatura roquirou	ADDITIONS/CHANGES TO OFFICE		D DIRECTO	DRS IN 12
TITLE	D	DELETE	1.1 TITL			91-1-1-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		Change	☐ Addition
	_	_	1.2 NAN		ļ				{
NAME GARLAND, DAVID R.				1.3 STREET ADDRESS					
STREET ADDRESS 8465 WEST GULF BLVD., SUITE 40			1.4 CITY-ST-ZIP						
CITY-ST-ZIP	TREASURE ISLAND FL 33706	☐ DELETE	2.1 TITE		-217			Change	Addition
IIITE		C OCCCIC			Ì				}
NAME			2.2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				2. 4 CITY-ST-ZIP				Change	Addition
TITLE =			-	3.1 TMLE		and the same of th	v.	□ Change	
NAME			3.2 NAA	ŧΕ			•		•
STREET ADDRESS			3.3 STR	EET.	ADDRESS				
CITY-ST-ZIP				3.4. CITY- ST-ZIP			_	C73.4:	
TITLE	DELETE		4.1 T/TL	4.1 TITLE				Change	Addition
NAME			4. 2 NA	ΚÉ					
STREET ADDRESS	_ •		4.3 STF	EET.	ADDRESS				l l
CITY-ST-ZIP	4.		4.4 C/T	4.4 CITY-ST-ZIP					
TITLE	☐ DELETE		5.1 T/TL	5.1 T/TLE				Change	☐ Addition
NAME			5.2 NAA	ΚE					Į
STREET ADDRESS			5.3 STF	EET	ADDRESS				
CITY-ST-ZIP			5.4 CIT	r-st	r-ZIP				
TITLE		☐ DELETE	6.1 TITL	Ε			-	Change	Addition
NAME			6.2 NAJ	Æ	\				İ

14. I hereby certify that the information supplied with this filing does not qualify for the examption 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP 🦙