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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600051296 (7) 1. Corporation Name C W OF PLANT CITY, INC.					
CWO	F PLANT CITY, INC.				
Principal Place	o of Business	Mailing Address		- CONTINUE OUR COLUMN DIVIN METRY AND IN MALLE DE FAIL DE FAIL	BE TIMIN IENIM ONION NISE HANS
300 WEST REYNOLDS STREET PLANT CITY FL 33566		300 WEST REYNOLDS STREET PLANT CITY FL 33566		DO NOT WRITE IN THIS	SPACE.
				Date Incorporated or Qualified     06/14/1996	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26 Post Office I	Вож 1118	59-3385599	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of ofacts Desired	Fee Required
City & State	•	City & State Plant City, F	<b>?1</b>	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	rrent year Intangible
24	25		o USA		Yes No
	g, Name and Address of Current	Registered Agent	041 N	10. Name and Address of New Registered	Agent
Verner, Edward M			81 Name		
300 WEST REYNOLDS STREET			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
PLANT CITY FL 33566			83		
			63		
			84 City	FL	85 Zip Code
11 Purement	to the provisions of Sections 607 0502	and 607 1509 Florida Statutos	the above-named corn		
office or re	egistered agent, or both, in the State of	of Florida, Such change was au	thorized by the corporat	oration submits this statement for the purpose of ion's board of directors. I hereby accept the ap	pointment as registered
agent la	m familiar with, and accept the obliga	tions of, Section 607.0505, Flori	da Statutes.		
SIGNATURE	Signature, typicd or printed name of regedered agen	t and the it applicable (NOTE: I	Registered Agent signature require	ed when reinstating) DATE	<del></del>
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TOLE		☐ Change ☐ Addition
NAME	verner, edward M		1.2 NAME		
STREET ADDRESS	300 WEST REYNOLDS STREE	Ţ	1,3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL 33566		1.4 CITY - ST - ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		ļ
STREET ADDRESS			2 3 STREET ADDRESS		ł
CITY-ST-ZIP		DELETE	2 4 CHY-ST-ZIP 3 1 TITLE		Change Addition
TITLE		בין מנונון	3.1 HILE 3.2 NAME		ET Outside ET Voorigon
NAME STREET ADORESS			3.3 STREET ADDRESS		
CITY-ST-7IP			3.4 CITY-ST-ZIP		ļ
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		<del></del> · ·	4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	51 TITLE	1.4.	Change Addition
NAME			5.2 NAME		Ì
STREET ADDRESS			5 3 STREET ADDRESS		!
CITY-S1-ZIF	[ <u></u> _		5.4 CITY - ST - 2IP		
TITLE		☐ DEL€ TE	6.1 TITLE		Change Addition
NAME			6.2 NAME		ļ
STREET ADDRESS			63 STREET ADDRESS		ĺ

14. Thereby 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 attractment with an address.

**SIGNATURE:** 

**FILED** 

Feb 24 1998 8:00am

Secretary of State