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Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90014 043 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000051296

1. Corporation Name
C W OF PLANT CITY, INC.

Principal Place of Business
**300 WEST REYNOLDS STREET
PLANT CITY FL 33566**

Mailing Address
**P.O. BOX 1118
PLANT CITY FL 33564
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/14/1996

4. FEI Number

59-3385599

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
110 E. Reynolds Street

2a. Mailing Address

Suite, Apt. #, etc.

21
Suite 700

City & State

22
Plant City, Florida

Zip

23
33566

Country

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9. Name and Address of Current Registered Agent

**VERNER, EDWARD M
300 WEST REYNOLDS STREET
PLANT CITY FL 33566**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

110 E. Reynolds Street, Suite 700

83

84

Plant City,

FL

85 Zip Code
33566

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 ☐ DELETE
NAME **D**
STREET ADDRESS **VERNER, EDWARD M**
CITY-ST-ZIP **300 WEST REYNOLDS STREET**
PLANT CITY FL 33566

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP

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 **Pres/Director**
1.3 STREET ADDRESS **Edward M. Verner**
1.4 CITY-ST-ZIP **110 E. Reynolds Street, Suite 700**
Plant City, FL 33566

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **Vice Pres/Director**
2.3 STREET ADDRESS **John V. Verner**
2.4 CITY-ST-ZIP **110 E. Reynolds Street, Suite 700**
Plant City, FL 33566

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **Secretary/Director**
3.3 STREET ADDRESS **James R. Shump**
3.4 CITY-ST-ZIP **110 E. Reynolds Street, Suite 700**
Plant City, FL 33566

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)