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

POCUMENT # P96000059140 (9)

BW HOLDINGS, INC.

FILED Feb 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address P O BOX 621181 P O BOX 621181 OVIEDO FL 32762-1181 OVIEDO FL 32762-1181 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/12/<u>1996</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3391361 Not Applicable 21 Suite. Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State \$5,00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Country Zφ 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes ☐ No 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name WITTY, JOHN B 2345 WESTMINISTER TERR Street Address (P.O. Box Number is Not Acceptable) **OVIEDO FL 32765** 83 Zip Code 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTF: Ringistered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELFTE 1 1 TITLE TITLE WITTY, JOHN B 1.2 NAME NAME 2345 WESTMINISTER TERR 1.3 STREET ADDRESS STREET ADDRESS **OVIEDO FL 32765** 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE BARRETT, JOHN C 2.2 NAME NAME 635 WEST PALM VALLEY DR 2.3 STREET ADDRESS STREET ADORESS OVIEDO FL 32765 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ___ Addition DELETE. 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change DELFTE Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELFTE TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADORESS 6.4 CITY - \$1 - ZIP CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing closs 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 of the receiver or frustee 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.

Ly'CV. Blud