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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90052 031 ***158.75

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000004859

1. Corporation Name

CITY-ST-ZIP

SIGNATURE:

14. I hereby certify that the information superindicated on this annual report or support of director of the corporation of Block 12 or Block 13 if changed, or on the corporation of the corporation

BM&W DEVELOPMENT, INC.

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Principal Place	e of Business	M	lailing Address				, , , , , , , , , , , , , , , , , , , ,					- 10-17 / 10-17
POLK COUNTY			PO BOX 6308									
5950 IMPERIAL LAKES BLVD			LAKELAND FL 33807				DO NOT MIDITE IN THIS SPACE					
MULBERRY FL 33860			S					DO NOT WRITE IN THIS SPACE				
US							3. Date Incorporated or 01/16/1997	Qualifed				
2. Principal P	lace of Business	2a	. Mailing Address				4. FEI Number				Applie	d For
21		26					65-0730539	•			Not A	pplicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certifcate of Status D	esired []	•	5 Add ∍:Requ	litional ired	
City & State	te .		City & State	"			6. Election Campaign F	inancino		\$5.0	00 ма	ıv Be
23		28	1				Trust Fund Contributi	- 1		-	ed to F	- 1
Zip	Cou	untry	Zip	Cou	intry		8. This corporation owe	s the current	vear Inta	ngible		
24	25	29	 	30	-		Personal Property Ta			Ŭ Yes		No
		Idress of Current Regi	stered Agent		Ī		10. Name and Address	of New Reg	istered A	gent		
					81	Name						
	RITTON, CHARLES				00	-4.4	ddagae (D.O. Bay Nymhor in Me	t Assentable	<u> </u>			
5300	o S. Florida ave	NUE		*	82	Street Ac	ddress (P.O. Box Number is No	и Ассеріавіє				
LAKI	ELAND FL 33813				83							
,												
		•			84	City	,		FL	85 2	Zip Coo	te .
11. Pursuant	to the provisions of t	Sections 607.0502 and	607.1508, FIORIDA SIAIUI	es, me a	bove		orporation submits this stateme	ir ioi liie pui	pose of c	· ioi igii ig		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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agent. a SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed P MOORE, JAMES PO BOX 6308	name of registered agent and title OFFICERS AND DIR	ida. Such change was a f, Section 607.0505, Flo a if applicable. (NOTE	: Registered 13. 1.1 π 1.2 N 1.3 S1	AME	t signature req	ation's board of directors. I here		DATE	D DIREC	CTORS	6 IN 12
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6.4 CITY-ST-ZIP

with all other like.

byte with this fling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of mental 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 the receiver of trustee emporared to execute this eport as required by Chapter 607, Florida Statutes; and that my name appears in

Date

Daytime Phone #