


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthm Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000034679 (5)**
1. Corporation Name

E.P.W. MANUFACTURING, INC.



Principal Place of Business
**3313 HIDDEN LAKE DRIVE WEST
JACKSONVILLE FL 32216**

Mailing Address
**3313 HIDDEN LAKE DRIVE WEST
JACKSONVILLE FL 32216**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/14/1997

4. FEI Number

59-3444721

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 **803 State Rd # 16**

26 **P.O. Box 44**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Green Cove Springs**

28 **Green Cove Springs**

Zip

Country

Zip

Country

24 **32043**

25 **USA**

29 **32043**

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLINK, MYRON L
3313 HIDDEN LAKE DRIVE WEST
JACKSONVILLE FL 32216**

1 Name

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

3

4 City

FL

5 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D BLINK, MYRON L**
STREET ADDRESS **3313 HIDDEN LAKE DRIVE WEST**
CITY-STATE-ZIP **JACKSONVILLE FL 32216**

TITLE ☒ DELETE
NAME **D CSATI, DAVID G**
STREET ADDRESS **13851-115TH AVENUE, SURREY**
CITY-STATE-ZIP **BRITISH COL. CAN. V3R543**

TITLE ☒ DELETE
NAME **D WHITEHEAD, ROBERT K**
STREET ADDRESS **6723 WILTSHIRE STREET, SARDIS**
CITY-STATE-ZIP **BRITISH COL. CAN. V2R1P3**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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 its 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.

SIGNATURE:

[Signature]

7-10-98 904-284-7800

CR2E034 (5/98)