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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P97000056956**1. Corporation Name

A.W.N., INC.

Principal Place of Business 2122 NE COACHUAN BOAD

Mailing Address

2123 N.F. COACHMAN ROAD

## FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90121 003 \*\*\*150.00



SUITE A CLEARWATER FL 34625		SUITE A CLEARWATER FL 34625			DO NOT WRITE IN THIS SPACE			
OLLANIVATENT		SELVANIA TE ONCE			3. Date Incorporated 06/27/1997	d or Qualifed	1	
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For			olied For
21	acc of Eddiness	H -	26				No	Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8.75 A	dditional
22		<b>├</b>	27		5. Certifcate of Statu	us Desired 🗌	Fee Re	quired
City & State			City & State		6. Election Campaig	n Financino	\$5.00	May Ba
<b>¬</b>		28			Trust Fund Contri		Added to	
23 Zip	Country	Zip	Country	,			<del></del>	
				Country  8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No				
24	25				10. Name and Address of New Registered Agent			
	9. Name and Address of Curren	t Registered Agent	81	Name	10, Hallio alla Alaci.	ood or river, riogistics		
1.1771	E, THOMAS C.				·	•		
	NE COACHMAN RD		82 Street Add		ddress (P.O. Box Number is Not Acceptable)			
CLEA	ARWATER FL 34625		83	1		•		1
			84 City				85 Zip C	ode
				,		F	'L	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was auti	ionzea by	the corporat	poration submits this state tion's board of directors. I	ement for the purpose hereby accept the ap	of changing its pointment as reg	registered gistered
SIGNATURE							·	}
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regis				nt signature requi	red when reinstating)	DATE		DO IN 40
12.		D DIRECTORS	13.		ADDITIONS/CHAN	IGES TO OFFICERS	AND DIRECTO	Addition
TITLE	D	☐ DELETË	1.1 TITLE				Change	LJ Addition
NAME	WICKER, ANGELA		1.2 NAME					
STREET ADDRESS	2123 N.E. COACJMAN ROAD,	Suite a	1.3 STREE	TADDRESS				
CITY-ST-ZIP	CLEARWATER FL 34625		1.4 CITY-5	ST-ZIP				
πιε		☐ DELETE	2.1 TITLE				☐ Change	Addition
NAME		•	2.2 NAME					
STREET ADDRESS	• -		2.3 STREE	T ADDRESS	* *			
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP				
TITLE			3.1 TITLE				☐ Change	☐ Addition
NAME			3.2 NAME					
	:		1	ET ADDRESS				S S
STREET ADDRESS					•			ļ
C/TY-ST-ZIP		☐ DELETE	3.4. CITY-	S1-ZIP			Change	Addition
TITLE			4.1 TITLE					
NAME			4. 2 NAME					1
\$TREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		<del></del>	[] Channel	
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME	ļ	•			1
STREET ADDRESS			5.3 STREE	TADORESS				
CITY-ST-ZIP			5.4 CITY-	ST-ZIP				
TITLE	The second second	☐ DELETE	6.1 TITLÉ			-	☐ Change	☐ Addition
NAME			6.2 NAME					
2.5			6.3 STREE	TADORESS				
STREET ADDRESS			1					

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.

JAZ KEGURED TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR