

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

FILED
Mar 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000091656

1. Corporation Name

CWM CORPORATION

Principal Place of Business

LAKELAND, FL

Mailing Address

5904 TROPHY LOOP
LAKELAND, FL 33811

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

11-18-97

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

45-07947491-3361X

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

CHARLES W. McDowell
5904 TROPHY LOOP
LAKELAND, FL 33811

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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: CHARLES W McDowell

Charles W McDowell

3-11-98

(Signature of person or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: PRESIDENT
NAME: CHARLES W McDowell
STREET ADDRESS: 5904 TROPHY LOOP
CITY-ST-ZIP: LAKELAND, FL 33811

☐ DELETE

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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STREET ADDRESS:
CITY-ST-ZIP:

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE:
12 NAME:
13 STREET ADDRESS:
14 CITY-ST-ZIP:

☐ Change

☐ Addition

21 TITLE:
22 NAME:
23 STREET ADDRESS:
24 CITY-ST-ZIP:

☐ Change

☐ Addition

31 TITLE:
32 NAME:
33 STREET ADDRESS:
34 CITY-ST-ZIP:

☐ Change

☐ Addition

41 TITLE:
42 NAME:
43 STREET ADDRESS:
44 CITY-ST-ZIP:

☐ Change

☐ Addition

51 TITLE:
52 NAME:
53 STREET ADDRESS:
54 CITY-ST-ZIP:

☐ Change

☐ Addition

61 TITLE:
62 NAME:
63 STREET ADDRESS:
64 CITY-ST-ZIP:

☐ Change

☐ Addition

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.

SIGNATURE: Charles W McDowell

CHARLES W McDowell

3-11-98

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607-
6174

CR2E034 (10/97)