## 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

## P97000105612 (0) DOCUMENT #

P & W DEVELOPERS, INC.

## **FILED** May 01 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address				
5035 BOLLING		5035 BOLLINGER RD PANAMA CITY FL 32404				
PANAMA CITY	FL 32404				DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					12/15/1997	
2. Principal Pia	2a. Mailing Address			4. FEI Number Applied For		
21		26			<b>59–3484881</b> Not Applicable	
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
22		27			Fee Required	
City & State	•	City & State			6. Election Campaign Financing \$5.00 May Be	
3 28					Trust Fund Contribution	
Zip	Country	Zip	Country		8. This corporation owes or has paid the current year Intangible	
24	25 29		30		Personal Property Tax due June 30. 🗷 Yes 🔲 No	
	9. Name and Address of Currer	it Hegistered Agent	8	1 Name	10. Name and Address of New Registered Agent	
	ARD, PATRICIA J		ľ	Iname	9	
	5 BOLLINGER RD		8	2 Street	Street Address (P.O. Box Number is Not Acceptable)	
PAN	NAMA CITY FL 32404					
			8	3		
			ã	4 City	■■ 85 Zip Code	
office or re agent. I an	<b>o the</b> provisions of Sections 607.050 egi <b>ste</b> red agent, or both, in the State in <b>fam</b> iliar with, and accept the obligi	i2 and 607.1508, Florida Statul of Florida Such change was ations of, Section 607.0505, Fl	ites, the abc authorized lorida Statut	ve-named by the colles.	ed corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered	
SIGNATURE _						
12.	Signature, typed or printed name of registered agent and title if applicable (NOTE: Re OFFICERS AND DIRECTORS		13.	gent signatui	ure required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 1171			
NAME	KINARD, PATRICIA J		1.2 NAM		Secretary	
	EME DOLLINGED DD		1.3 STREET ADDRESS 50		Tonya Nicole Kinard	
STREET ADDRESS	PANAMA CITY FL 32404				5 5035 Bollinger Rd. Panama City, Fl. 32404	
CITY-ST-ZIP	D D	DELETE	2.1 TITLE		Change Addition	
NAME	REGISTER, A. WESTLEY	Ditter.	2.7 MAM			
1	P O BOX 398		2.3 STREET ADDRESS			
STREET ADDRESS	BONIFAY FL 32425				·	
CITY-ST-ZIP	1)	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition	
TITLE	REGISTER, TRACY L		32 NAME		C charge Acquiron	
NAME	P O BOX 398					
STREET ADDRESS	BONIFAY FL 32425	MILEAN EL DOAGE		ET ADDRESS	<sup>†</sup> }	
CITY-ST-ZIP	DOMENT IL SETES	DELETE		-ST-ZIP	☐ Change ☐ Addition	
TITLE		בין טנונונ	4.1 TITLE			
NAME			4 2 NAM			
STREET ADDRESS				et address	'	
CITY-ST-ZIP		DELETE	4.4 CITY 5.1 TITLE		Change Addition	
TITLE		[_] DETERIE			C. Change C. Audition	
NAME OTRET AGGREGA			5.2 NAM			
STREET ADDRESS				ET ADDRESS	<b>'</b>	
CITY-ST-ZIP		DELETE	5.4 CITY		Change Addition	
TITLE		רין הנרנונ	6 1 7 ITLE		Change C Addition	
NAME			6.2 NAM			
STREET ADDRESS				et address	'	
CITY-ST-ZIP	adde that the information annul-	uth this filing does not explife.	6.4 CITY		led in Section 119.07(3)(i), Florida Statutes. I further certify that the information	
indicated of officer or d	on this annual report or supplements	al annual report is true <b>and a</b> cceiver or trustee empowe <b>red</b> to	curate and t	hat my si	ities in Section 119.07(3)(i), Florida Statutes. Training early that the Information ignature shall have the same legal effect as if made under oath; that I am an as required by Chapter 607, Florida Statutes; and that my name appears in	