


FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90271 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000033833 1. Corporation Name G.W. COMPANY AND SONS, INC.			
Principal Place of Business 6241 AMERICUS ST PORT ST JOE FL 32456		Mailing Address 6241 AMERICUS ST PORT ST JOE FL 32456	
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip Country		2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country	
9. Name and Address of Current Registered Agent FRASURE, HAROLD W 6241 AMERICUS ST PORT ST JOE FL 32456		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> DELETE FRASURE, HAROLD W 6241 AMERICUS ST PORT ST JOE FL 32456	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> DELETE FRASURE, ANDREW W 6241 AMERICUS ST PORT ST JOE FL 32456	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	STD <input type="checkbox"/> DELETE FRASURE, TIMOTHY R 6241 AMERICUS ST PORT ST JOE FL 32456	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1998

4. FEI Number

59-3515706

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 the current year intangible Personal Property Tax.

☒ Yes ☐ No

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
 STREET ADDRESS
 CITY-ST-ZIP

 PD
FRASURE, HAROLD W
6241 AMERICUS ST
PORT ST JOE FL 32456

 1.1 TITLE ☐ Change ☐ Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

 TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 VD
FRASURE, ANDREW W
6241 AMERICUS ST
PORT ST JOE FL 32456

 2.1 TITLE ☐ Change ☐ Addition
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 TITLE ☐ DELETE
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 STD
FRASURE, TIMOTHY R
6241 AMERICUS ST
PORT ST JOE FL 32456

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 6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
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 6.4 CITY-ST-ZIP

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.

SIGNATURE: Harold W. Frasure

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-00

Date

850-647-3924

Daytime Phone #

CR2E034 (11/98)