


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

0535805

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90284 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P98000045479

1. Corporation Name

M.W.S. & S. REAL ESTATE COMPANY, INC.

Principal Place of Business

7649 MARTHAS WAY
NAVARRE FL 32566

Mailing Address

7649 MARTHAS WAY
NAVARRE FL 32566

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1998

4. FEI Number

59-3510174

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

2. Principal Place of Business

21 40 BEAL PKWY SW

Suite, Apt. #, etc.

22

City & State

23 FT. WALTON BCH, FL

Zip

24 32548

Country

25 OKALOOSA

2a. Mailing Address

26 40 BEAL PKWY SW

Suite, Apt. #, etc.

27

City & State

28 FT. WALTON BCH, FL

Zip

29 32548

Country

30 OKALOOSA

9. Name and Address of Current Registered Agent

FOUNTAIN, KENNETH R
8855 NAVARRE PARKWAY
NAVARRE FL 32566

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LISA M. MANION	
1.3 STREET ADDRESS	7649 MARTHA'S WAY	
1.4 CITY-ST-ZIP	NAVARRE, FL 32566	
2.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CHARLES J. SHOFF	
2.3 STREET ADDRESS	548 MARY ESTHER CUTOFF #291	
2.4 CITY-ST-ZIP	FT. WALTON BCH, FL 32548	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 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		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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		

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:

SIGNATURE REQUIRED
Lisa M. Manion

Date

Daytime Phone #

4/16/99

(850) 301-0939

CR2E034 (11/98)