FILED Apr 19, 1999 8:00 am Secretary of State 04-19-1999 90028 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000077622

1. Corporation Name

C&WM	ianagement corporat	TON						
Principal Place	of Rusiness	Mailin	g Address		_		- U I TORI 188 HEO TORON (TERM ODIE) KOLIN ODIEN FODEN LODEN DILIB HUKKO 1994 N	
5926 HERMITAGE DRIVE 5926 HERMITAGE DRIVE PENSACOLA FL 32504 PENSACOLA FL 32504							20 107117-7-1-1-1-2	
							DO NOT WRITE IN THIS SPACE	
							3. Date incorporated or Qualified 09/02/1998	
2. Principal Pla	Mailing Address				4. FEI Number Applied For			
21		26					59 - 3531540 Not Applical	
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State		27 C	City & State				8. Election Campaign Financing \$5.00 May Be	
23	<u> </u>		28				Trust Fund Contribution Added to Fees	
Zip	Country		Zip Country				B. This corporation owes the current year intangible	
24	25	29	[:	30			Personal Property Tax.	
	9. Name and Address of Curre	nt Register	ed Agent				10. Name and Address of New Registered Agent	
0.7.0	SOCOOD LEGAL OVOTTAL				81	Name		
	CORPORATION SYSTEM				82	Street Address (P.O. Box Number is Not Acceptable)		
	SOUTH PINE ISLAND ROAD							
PLAN	TATION FL 33324				83			
					84	City	85 Zip Code	
					Ш		oration submits this statement for the purpose of changing its registered	
office or re agent. I an SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the oblig	of Florida. Sations of, Se	Such change was au ction 607.0505, Flori	thorized da Stat	d by thutes.	he corporation	in s board of directors. I fieldby accept the appointment as registered	
	Signature, typed or primed name of registered ag				l Agent	signature required) when reinstating) DATE	
12.	OFFICERS A	OFFICERS AND DIRECTORS		13.	13. 1.1 TILE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Add	
me			C) perete					
NAME				1.2 NAM		ADDRESS .	Craig C. mullen 5920 Hermitage Dr	
STREET ADDRESS					1.3 STREET ADDRESS - 1.4 CITY-ST-ZIP		Pensacola, FL 32504	
CITY-ST-ZIP TITLE			DELETE	2.1 17			Change Addi	
NAME			· •_	22 N	WE	- l	er in the same of	
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NAME	•			4.2N				
STREET ADDRESS				1		ADDRESS	•	
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TITLE			C SCLEIC	5.2 N				
NAME						ADDRESS		
STREET ADDRESS								
CITY-ST-ZIP	-	DELETE			5.4 CITY-ST-ZIP 6.1 TITLE		Change Addi	
NAME			-	6.2 N	AME			
STREET ADDRESS				6.3 5	IREET /	ADDRESS		
				1	TY-5T-	i		
14. I heraby c	ertify that the Information supplied v	vith this filing	does not qualify for t	he eve	motio	n stated in S	tection 119,07(3)(i), Florida Statutes. I further certify that the Information	
							shall have the same legal effect as if made under oath; that I am an red by Chapter 607, Florida Statutes; and that my name appears in	
Block 12 c	director of the corporation or the rec or Block 13 if changed, or opean atta	eiver or trust achment with	en address, with all	other lik	(9 6W	pois as requir spowered.	ted by Ottopici out, I tolico omittos, ello siet illy nonte appoint il	
	1 63.5	n /=== /	will like on	i i i i i i i i i i i i i i i i i i i	er e	`	112-90 pm- 479-760	
SIGNAT	URE:X	1.67, 1.1		וועעעעעע		<u>" </u>	7-12-17 810-171-737	