

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S20437 (7)

1. Corporation Name
R.W. INVESTMENTS, INC.



Principal Place of Business: **P O BOX 5145 LARGO FL 34649**
Mailing Address: **P O BOX 5145 LARGO FL 34649**

3. Date Incorporated or Qualified: **12/21/1990**
3a. Date of Last Report: **06/02/1995**

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)

4. FEI Number: **59-1797563**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**SCHNELL, RONALD H.
3535 FIRST AVE NO
ST. PETERSBURG FL 33713**

10. Name and Address of New Registered Agent (81-85)
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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATKINS, LAMAR R.	1.2 NAME
STREET ADDRESS	5560 65TH AVE NO.	1.3 STREET ADDRESS
CITY-ST-ZIP	PINELLAS PARK FL	1.4 CITY-ST-ZIP
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, DANNY R.	2.2 NAME
STREET ADDRESS	905 GUI SANDO	2.3 STREET ADDRESS
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERG OFFEN, GLENN	3.2 NAME
STREET ADDRESS	143 BUENA VISTA DR	3.3 STREET ADDRESS
CITY-ST-ZIP	DUNEDIN FL	3.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROUTH, ROY M.	4.2 NAME
STREET ADDRESS	600 BYPASS DR STE 200	4.3 STREET ADDRESS
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* **President 5/25/96 (813) 535-3561**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)