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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # **S47850**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90236 042 ***150.00

PCW CORPORATION Principal Place of Business Mailing Address 34934 HS 19 N 34934 US 19 N PALM HARBOR FL 34684 PALM HARBOR FL 34684 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/22/1991 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 59-3069934 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City. & State__ \$5.00 May Be City & State Election Campaign Financing* Added to Fees Trust Fund Contribution 28 23 Country Country Zip This corporation owes the current year Intangible Zip □No 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WILDNER, CHARLES E. 82 Street Address (P.O. Box Number is Not Acceptable) 34934 US 19 N PALM HARBOR FL 34684 83 84 85 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition □ DELETE 1.1 TITLE ☐ Change TITLE WILDNER, PATRICIA 1.2 NAME NAME 3516 FAIRWAY FOREST DR 1.3 STREET ADDRESS STREET ADDRESS PALM HARBOR FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE □ DELETE 2.1 TITLE WILDNER, CHARLES 2.2 NAME NAME 3516 FAIRWAY FOREST DR 2.3 STREET ADDRESS STREET ADDRESS PALM HARBOR FL 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ DELETE TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

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

5 4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

□ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Change

Addition

CR2E034 (11/98