FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S63114** **(0)**

1. Corporation Name

P.L.W., INC.

Principal Place of Business	Mailing Address
50 N. LAURA ST. BARNETT TOWER MC 099-000-1812 1830 JACKSONVILLE FL 32202 US	50 N. LAURA ST. BARNETT TOWER MC 099-000-1812 1830 JACKSONVILLE FL 32202 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

3. Date Incorporated or Qualified: 06/28/1991
3a. Date of Last Report: 05/01/1995

4. FEI Number: 65-0269173 ☐ 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 has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No on consolidated basis

9. Name and Address of Current Registered Agent

~~HEAD, JAMES A~~
~~50 N. LAURA ST~~
~~BARNETT TOWER, MC 099-000-1812~~
~~JACKSONVILLE FL 32202~~

10. Name and Address of New Registered Agent

81 Name: Ghomeshi, Mehdi
82 Street Address (P.O. Box Number is Not Acceptable): 50 N. Laura Street
83: MC: 099-000-1830
84 City: Jacksonville FL 85 Zip Code: 32202

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: Mehdi Ghomeshi 4/29/96
(Signature of new registered agent and name of former registered agent, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~V~~	☐ DELETE	1.1 TITLE	DSV	☒ Change ☐ Addition
NAME	KRAMER, WILLIAM G		1.2 NAME		
STREET ADDRESS	1000 CENTURY PK DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	DSTV	~~☒~~ DELETE	2.1 TITLE	DP	☒ Change ☐ Addition
NAME	HEAD, JAMES A		2.2 NAME	Ghomeshi, Mehdi	
STREET ADDRESS	50 N LAURA ST		2.3 STREET ADDRESS	50 N. Laura Street	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE	PD	~~☒~~ DELETE	3.1 TITLE	DV	☒ Change ☐ Addition
NAME	MILLER, ROBERT F JR		3.2 NAME	Story, Deborah	
STREET ADDRESS	50 N LAURA ST		3.3 STREET ADDRESS	50 N. Laura Street	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE	DASV	~~☒~~ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JARBOE, LLOYD A JR.		4.2 NAME		
STREET ADDRESS	50 N. LAURA STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE	~~V~~	☐ DELETE	5.1 TITLE	DTV	☒ Change ☐ Addition
NAME	AKINS, ROY R.		5.2 NAME		
STREET ADDRESS	1000 CENTURY PARK DR, 4TH FLR		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	200001815062 -05/09/96--01063--022 ***200.00	☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

5-1-96 JR

CR2E034 (12/95)

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: Mehdi Ghomeshi 4/29/96 (904) 791-7770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Mehdi Ghomeshi, President