

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 APR 20 AM 10:36**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # S82365 (5)**

1. Corporation Name

**F.W.O. ENTERPRISES, INC.**

Principal Place of Business

**1700 S.R. 44  
NEW SMYRNA BCH. FL 32168  
US**

Mailing Address

**760 KENOWOOD DRIVE  
PORT ORANGE FL 32119**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/23/1991** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-3084531** 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

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

9. Name and Address of Current Registered Agent

**OGDEN, FREDERIC W.  
760 KENOWOOD DRIVE  
PORT ORANGE FL 32119**

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 the # applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

| 12. OFFICERS AND DIRECTORS |                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|-------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | PTD               | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | OGDEN, FREDERIC W | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 760 KENOWOOD DR   | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | PORT ORANGE FL    | 1.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | SD                | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | OGDEN, JUDITH R   | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 760 KENOWOOD DR   | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | PORT ORANGE FL    | 2.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                   | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                   | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                   | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                   | 3.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                   | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                   | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                   | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                   | 4.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                   | 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                      |                   | 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, changed, or on an addition thereto with an address.

**SIGNATURE:**

*Fred W. Ogden*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FREDERIC W. OGDEN 4/17/95 (904)761-7703**

Title

(Anytime After 8