## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

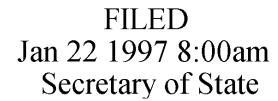
DOCUMENT # V26154

(7)

C & W MOTORS, INC.

Principal Prace of Business

Mailing Address





Suite Apt # etc.  22  City & State  23 Chipley Florida  Zip Country  24 32428 25	28. Mailing Address 26. 1138 Mailing Address Suite, Apt. #, etc. 27. City & State 28. Ch: pley Zip 29. 32428 egistered Agent	Street Florida Country 30	3. Date Incorporated or Qualified 03/31/1992 4. FEI Number 59-3116830 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution	\$ □ \$	Applied For Not Applicable 75 Additional Fee Required 5.00 May Be		
21 1138 Main Street Suite Apt # etc. 22 City 8 State 23 Chipley Florida Zip Country 24 32428 25	26 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Florida	4. FEI Number 59-3116830  5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution	\$8 	Applied For Not Applicable .75 Additional fee Required 5.00 May Be		
Suite Apt # 6to.  22  City & State  23  Chipley Florida  Zip Country  24  32428  25	Suite, Apt. #, etc.  27  City & State  28  Zip  29  32428	Florida	Certificate of Status Desired     Status Desired     Certificate of Status Desired     Trust Fund Contribution	\$ □ \$	Not Applicable  .75 Additional ee Required  5.00 May Be		
Suite Apt # 610.  22  City 8 State  23  Chipley Florida  Zip Gountry  24  32428  25	Suite, Apt. #, etc.  27  City & State  28  Zip  29  32428	Florida	Certificate of Status Desired     Status Desired     Certificate of Status Desired     Trust Fund Contribution	\$ □ \$	ee Required 5.00 May Be		
City 8 State  23 Chipley Florida  Zip Country  24 32428 25	28 <u>Chipley</u> 29 32428		Trust Fund Contribution				
24 32428 25	29 32428		A This case of a base Parties for the		, , , , , , , , , , , , , , , , , , , ,		
A \$1	egistered Agent	V-1.		Yes 🔲 No			
9. Name and Address of Current R			10. Name and Address of New Rec	stered Agent			
WAYMIRE, ROBERT J		81 Name	Robert J. Way	N: co			
RT 5, BOX 816		82 Street Add	ress (P.O. Box Number is Not Accepted	Road			
CHIPLEY FL 32428		83	1.15% (Va Dough	House			
		84 City	Chipley	FL  85	Zip Code 32428		
11. Pursuant to the provisions of Sections 607.0502 at office or registal add yent for beth. It the state of I agent. I am fuzzi with the discount the obligation	nd 607.1508, Florida Statut Horida, Such change was	es, the above-named corpora	poration submits this statement for the prition's board of directors. I hereby accep	urpose of chan	ging its registered ent as registered		
		orida Statutes.					
SIGNATURE COURT / Wym		E: Registered Agent signature requi	J. Waymire	\ <u>/</u> 8	795		
12. OFFICERS AND D		13.	ADDITIONS/CHANGES TO OFFIC		CTORS IN 12		
TITLE D	DELETE	1.1 TITLE	_0	<b>2</b> K			
NAME WAYMIRE, ROBERT J		1.2 NAME	Robert J. Waymi	$\sim$			
STREET ADDRESS RT 5, BOX 816		1.3 STREET ADDRESS	1426 Old Boniffau	1 Kood			
CITY-ST-ZIP CHIPLEY FL		1 4 CITY - ST - ZIP	Chipley, Florid	ζ.			
TITLE D	DELETE	21 TITLE	~ 7 0	□ C	hange Addition		
NAME COPE, WILLIAM LYNN JR		2 2 NAME					
STREET ADDRESS 228 COPE ROAD		2 3 STREET ADDRESS					
CITY-ST-ZIP CHIPLEY FL		2.4 CITY+ST-ZIP	4,1				
TITLE	☐ DELETE	3.1 TITLE			hange Addition		
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREET ADDRESS					
City-St-7i2	v	3.4. CITY - ST - ZIP					
THUE	DELETE -	4.1 TITLE			hange		
NAME		4. 2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY-ST-ZiP		4.4 CITY-ST-7IP					
TITLE	DELETE	51 TITLE		[_] 0	hange		
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CHY-ST-ZIP		5.4 CITY-ST-ZiP					
TITLE	DELETE	6.1 TiTLE			hange Addition		
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS	·				
CHY-S*-7/P		6.4 CITY-ST-ZIP	•				

information indicates on this agrue to port of 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 conjugation of the specific production of the speci

SIGNATURE

SIGNATURE AND TYPEU OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #