

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Jul 09 1998 8:00am  
Secretary of State

DOCUMENT # V26154 (7)

1. Corporation Name  
C & W MOTORS, INC.

Principal Place of Business

1138 MAIN ST  
CHIPLEY FL 32428  
US

Mailing Address

1138 MAIN ST  
CHIPLEY FL 32428  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/31/1992

4. FEI Number

59-3116830

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

WAYMIRE, ROBERT J  
1426 OLD BONIFAY RD  
CHIPLEY FL 32428

10. Name and Address of New Registered Agent

81 Name Cope, William Lynn Jr.  
82 Street Address (P.O. Box Number is Not Acceptable)  
228 Cope Rd.  
83  
84 City Chipley FL 85 Zip Code 32428

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

*William Lynn Cope*

(NOTE: Registered Agent signature required when reinstating)

DATE

7-1-98

12. OFFICERS AND DIRECTORS

| TITLE | NAME                  | STREET ADDRESS      | CITY-ST-ZIP | DELETE                              |
|-------|-----------------------|---------------------|-------------|-------------------------------------|
| D     | WAYMIRE, ROBERT J     | 1426 OLD BONIFAY RD | CHIPLEY FL  | <input checked="" type="checkbox"/> |
| D     | COPE, WILLIAM LYNN JR | 228 COPE ROAD       | CHIPLEY FL  | <input type="checkbox"/>            |
|       |                       |                     |             | <input type="checkbox"/>            |
|       |                       |                     |             | <input type="checkbox"/>            |
|       |                       |                     |             | <input type="checkbox"/>            |
|       |                       |                     |             | <input type="checkbox"/>            |

13.

| 1.1 TITLE | 1.2 NAME               | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP   | Change                              | Addition                            |
|-----------|------------------------|--------------------|-------------------|-------------------------------------|-------------------------------------|
| V/S D     | Cope, Charlotte A.     | 228 Cope Rd.       | Chipley, FL 32428 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| P/T D     | Cope, William Lynn Jr. | 228 Cope Rd.       | Chipley, FL 32428 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|           |                        |                    |                   | <input type="checkbox"/>            | <input type="checkbox"/>            |
|           |                        |                    |                   | <input type="checkbox"/>            | <input type="checkbox"/>            |
|           |                        |                    |                   | <input type="checkbox"/>            | <input type="checkbox"/>            |
|           |                        |                    |                   | <input type="checkbox"/>            | <input type="checkbox"/>            |

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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*William Lynn Cope*

7-1-98

850-1383000

CR2E034 (5/98)