

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V48254** (9)
1. Corporation Name
R.W.H. CORP. OF BRANDON



Principal Place of Business
**PO BOX 1887
RIVERVIEW FL 33569
US**

Mailing Address
**PO BOX 1887
RIVERVIEW FL 33569
US**

3. Date Incorporated or Qualified **06/29/1992** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 21 231 W. BRANDON BLVD. Suite, Apt. #, etc. 22 City & State 23 BRANDON - FL. Zip 24 33569	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 US	4. FEI Number NOT APPLICABLE Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**HUTCHESON, REDDEN M.
231 W. BRANDON BLVD.
BRANDON FL 33511**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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, if not applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	PTD
NAME	HUTCHESON, REDDEN M.	1.2 NAME	HUTCHESON, REDDEN M.
STREET ADDRESS	231 W. BRANDON BLVD.	1.3 STREET ADDRESS	9812 Gibsonton Drive
CITY-ST-ZIP	BRANDON FL 33511	1.4 CITY-ST-ZIP	Riverview, FL 33569
TITLE	SVD	2.1 TITLE	SVD
NAME	HUTCHESON, WANDA B.	2.2 NAME	HUTCHESON, WANDA B.
STREET ADDRESS	231 W. BRANDON BLVD.	2.3 STREET ADDRESS	9812 Gibsonton Drive
CITY-ST-ZIP	BRANDON FL 33511	2.4 CITY-ST-ZIP	Riverview, FL 33569
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/96

813 651-0125

CR2E034 (12/95)