

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

FILED

Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V55823** (1)
1. Corporation Name
M & W OF JAX, INC.



Principal Place of Business POST OFFICE BOX 8887 JACKSONVILLE FL 32239 US	Mailing Address POST OFFICE BOX 8887 JACKSONVILLE FL 32239-0887 US
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3. Date Incorporated or Qualified 07/31/1992	3a. Date of Last Report 05/28/1996
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2. Principal Place of Business 21 2727-G Clydo Rd State Apt # etc. 22 City & State 23 JACKSONVILLE, FL Zip Country 24 32207 25 USA	2a. Mailing Address 26 2727-G Clydo Rd Suite, Apt. #, etc. 27 City & State 28 JACKSONVILLE, FL Zip Country 29 32207 30 USA
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4. FEI Number 59-3134216	Applied For <input type="checkbox"/> 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	

9. Name and Address of Current Registered Agent

**HICKS, S D
1710 SHADOWOOD LANE #220
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 *Marcus G. Rawls* **President** DATE **4-25-97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	RAWLS, MARCUS G JR	
STREET ADDRESS	13100 HAMMOCK CIRCLE, S.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	RAWLS, JOHN W	
STREET ADDRESS	13100 HAMMOCK CIRCLE, S.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RAWLS, MARCUS G JR	
1.3 STREET ADDRESS	2727-G CLYDO RD	
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207	
2.1 TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RAWLS, JOHN W	
2.3 STREET ADDRESS	2727-G CLYDO RD	
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207	
3.1 TITLE	RHODEN, BRETT L.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	RHODEN, BRETT L.	
4.3 STREET ADDRESS	2727-G CLYDO RD	
4.4 CITY-ST-ZIP	JACKSONVILLE FL 32207	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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, changed, or on an attachment with an address.

SIGNATURE: *Marcus G. Rawls* **President** DATE **4/25/97** 904-757-7880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)