

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F25036

Entity Name: MWS CORPORATION**Current Principal Place of Business:**MWS CORP
727 GLENDALE ST
LAKELAND, FL 33803**Current Mailing Address:**PO BOX 66
LAKELAND, FL 33802-0066 US**FEI Number:** 59-2082544**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SKIPPER, MARSHA M
721 WEDGEWOOD LANE
LAKELAND, FL 33813 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title DVP
Name SKIPPER, EDWARD M
Address PO BOX 66
City-State-Zip: LAKELAND FL 33803Title D
Name SKIPPER, JERE
Address 721 WEDGEWOOD LANE
City-State-Zip: LAKELAND FL 33813Title DS
Name SKIPPER, WILLIAM P
Address 1851 HILL DR.
City-State-Zip: LOS ANGELES CA 90041Title DP
Name SKIPPER, MARSHA M
Address 721 WEDGEWOOD LANE
City-State-Zip: LAKELAND FL 33813

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARSHA M. SKIPPER

PRESIDENT

02/29/2016

Electronic Signature of Signing Officer/Director Detail_____
Date