

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

APPROVED AND FILED

CORPORATION
ANNUAL REPORT
1995



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

95 MAY -1 PM 2: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000031029 (9)**

1. Corporation Name

R & W SERVICE AND INSTALLATION, INC.

Raw Signs, Inc

V03542

Principal Place of Business

9470 ULMERTON RD
#5C
LARGO FL 34641

Mailing Address

9470 ULMERTON RD
#5C
LARGO FL 34641

800001522208

-06/23/95--01077--008

****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/25/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Country

29

Country

24

25

29

30

9. Name and Address of Current Registered Agent

HATCHER, WANDA
9470 ULMERTON RD
#5C
LARGO FL 34641

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	D RYALS, ROBERT	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3251 GARRISON RD	2. NAME	
CITY, ST, ZIP	PALM HARBOR FL 34683	3. STREET ADDRESS	
NAME	D HATCHER, WANDA	4. CITY, ST, ZIP	
STREET ADDRESS	3251 GARRISON RD	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	PALM HARBOR FL 34683	6. NAME	
NAME		7. STREET ADDRESS	
STREET ADDRESS		8. CITY, ST, ZIP	
CITY, ST, ZIP		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
NAME		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		14. NAME	
CITY, ST, ZIP		15. STREET ADDRESS	
NAME		16. CITY, ST, ZIP	
STREET ADDRESS		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP		18. NAME	
NAME		19. STREET ADDRESS	
STREET ADDRESS		20. CITY, ST, ZIP	
CITY, ST, ZIP		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, ST, ZIP		24. CITY, ST, ZIP	

8/16/22

REMITTED BY MAIL

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 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 on Block 12 or Block 13 of this report, or on an attached form with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wanda Hatcher **WANDA HATCHER** 5-15-95

813-586-1328