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Jan 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # H46861 (1)
1. Corporation Name
WARREN & SWEAT MANUFACTURING COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business 36425 MCINTYRE LANE P. O. BOX 440 GRAND ISLAND FL 32735		Mailing Address 36425 MCINTYRE LANE P. O. BOX 440 GRAND ISLAND FL 32735	
2. Principal Place of Business 21 38051 Hwy 19 Suite, Apt. #, etc.		2a. Mailing Address 26 PO Box 350440 Suite, Apt. #, etc.	
22 City & State 23 Umatilla, FL Zip 24 32784		27 City & State 28 Zip 29 Country 30	
g. Name and Address of Current Registered Agent MCINTYRE, RAY G 36425 MCINTYRE LANE PO BOX 440 GRAND ISLAND FL 32735		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 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 Ray G. McIntyre - Pres. DATE 1-5-98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D MCINTYRE, RAY G. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINTYRE, RAY G.	1.2 NAME	
STREET ADDRESS	218 FISH CAMP ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND ISLAND FL	1.4 CITY-ST-ZIP	
TITLE	VPD MCINTYRE, LORETTA M. <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINTYRE, LORETTA M.	2.2 NAME	
STREET ADDRESS	218 FISH CAMP ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND ISLAND FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Ray G. McIntyre 1-5-98 352-669-3166

CR2E034 (10/97)