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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9200001673 1. Corporation Name

WRE, INC.

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90113 039 ***150.00

A LEGICA DE LOCA TRANSPORTA DE LA CONTRACTOR DE LA CONTRA

Principal Place	of Business	Mailing Address							
1915 N. DALE A	AABRY HWY.	% W. ALAN WOODFORD. AGENT			ļ				
TAMPA FL 33607-2521		2334 GOLFVIEW DRIVE			DO NOT WE	DO NOT WRITE IN THIS SPACE			
2530		PITTSBURGH PA 15241-3308							
					3. Date Incorporated or Qualifed 11/03/1992				
2. Principal Pl	ace of Business	2a. Mailing Address	,,,,,,	-	4. FEI Number	-	Ap	plied For	
21		26			59-3159297		No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		~\$8.75 A		
22		27			5. Certificate of Otalics Desired		Fee Re	quired	
City & State	9	City & State			6. Election Campaign Financing	' 🗆	\$5.00	May Be	
23		28			Trust Fund Contribution		Added t	o Fees	
Zip	Country	Zip Country			8. This corporation owes the cu			_ \	
24	25	29 30			Personal Property Tax.		Yes	□No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New	Registered A	gent		
			81	Name	:			\	
U.C.0	C. FILING & SEARCH SERVICES,	INC.	82 Street Ad		Address (P.O. Box Number is Not Accep	table)			
526 1	e park avenue		02	3.100	Madress (F.O. Dox Hallist Is Not Noted	,			
SUIT	E 200		8:	3					
TALL	AHASSEE FL 32301						Ta=1 7: /		
			. 84	City		FL	85 Zip (Code	
44 5	to the annihing of Sections 607.060	and 607 1508 Florida Statutes	the abou	/e-name/	d corporation submits this statement for the	e purpose of ch	hanging its	registered	
office or re	egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was auth	יס ספצחסו	v the cor	poration's board of directors. I hereby acco	pt the appoint	ment as re	gistered	
_	in facilitial with, and accept the obligat	10113 OIT COORDIN COTTOO OF THE	_ •						
SIGNATURE	Signature, typed or printed name of registered agen-	t and title if applicable. (NOTE: Re	gistered Age	ent signature	required when reinstating)	DATE			
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO O				
TITLE	D	☐ DELETE	1.1 TITLE		President		☐ Change	Addition	
NAME	WOODFORD, W. ALAN	· · · · · · · · · · · · · · · · · · ·	1.2 NAME					}	
STREET ADDRESS	2334 GOLFVIEW DRIVE		1.3 STRE	ET ADDRES	S .			1	
C/TY+ST-ZIP	PITTSBURGH PA 15241-3308		1.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	2.1 TITLE				Change	☐ Addition	
NAME			2.2 NAME	:					
STREET ADDRESS			2.3 STRE	ET ADDRES	_			\	
CITY-ST-ZIP		-	2. 4 CITY	ST-ZIP	_				
TITLE		☐ DELETE	3.1 TITLE			_	Change	☐ Addition	
NAME			3.2 NAME					}	
STREET ADDRESS				ET ADDRES	s			ĺ	
1			3.4. CITY-		1				
CITY-ST-ZIP		☐ DELETE	4.1 TITLE				☐ Change	Addition	
['			4.2 NAME				=		
NAME								Ì	
STREET ADDRESS				ET ADDRES	·				
CITY-ST-ZIP		CI DELETE	4.4 CITY-				☐ Change	Addition	
TITLE		☐ DELETE	5.1 TITLE				□ ∿ migo		
NAME	1		5.2 NAME		.			ļ	
STREET ADDRESS				ET ADDRES	s l			\	
CITY-ST-ZIP			5.4 CITY-					A design	
TITLE	·	☐ DELĒTE	6.1 TITLE		ļ		Change	Addition	
NAME			6.2 NAME	i					
STREET ADDRESS			6.3 STRE	ET ADDRES	s				
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, with all other like empowered.