

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

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Mar 17 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 # P96000096017
1. Corporation Name

Ontario Warehouse 1, Inc.

Principal Place of Business 1801 Hermitage Boulevard Suite 600 Tallahassee FL 32308	Mailing Address 1801 Hermitage Boulevard Suite 600 Tallahassee FL 32308
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3. Date Incorporated or Qualified November 25, 1986	3a. Date of Last Report
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 P.O. Box 13300 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country	4. FEI Number 59-3413039	Applied For Not Applicable
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

**Horace Schow II
1801 Hermitage Boulevard
Suite 100
Tallahassee, FL 32308**

10. Name and Address of New Registered Agent

81 Name David E. Todd
82 Street Address (P.O. Box Number is Not Acceptable) 1801 Hermitage Blvd.
83 Suite 100
84 City Tallahassee
85 State FL
86 Zip Code 32308

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 *David E. Todd* **ASST GENERAL COUNSEL** **2/4/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	☐ DELETE		1.1 TITLE		☐ Change	☐ Addition
NAME	Douglas W. Bennett			1.2 NAME			
STREET ADDRESS	1801 Hermitage Blvd., Suite 600			1.3 STREET ADDRESS			
CITY-ST-ZIP	Tallahassee, FL 32308			1.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE		2.1 TITLE		☐ Change	☐ Addition
NAME	Todd A. Miller			2.2 NAME			
STREET ADDRESS	1801 Hermitage Blvd., Suite 600			2.3 STREET ADDRESS			
CITY-ST-ZIP	Tallahassee, FL 32308			2.4 CITY-ST-ZIP			
TITLE		☐ DELETE		3.1 TITLE		☐ Change	☐ Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		☐ DELETE		4.1 TITLE		☐ Change	☐ Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE		☐ Change	☐ Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE		☐ Change	☐ Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 filing 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.

Douglas W. Bennett, Director

(904)922-5005

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)