

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra E. Morton
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V67054 (9)

1. Corporation Name

GLOBAL WARE HOUSING & DISTRIBUTING, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

5124 CAUSEWAY BLVD
TAMPA FL 33619
US

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TAMPA FL 33619
US

3. Date Incorporated or Qualified **09/28/1992** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-3143431** 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 §. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 **1103 G. N. 22nd Street**

26 **PO Box 76264**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Tampa, Florida**

27 **Tampa, Florida**

City & State

City & State

23 **33605 USA**

28 **33675-1264 USA**

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAYES, GEORGE L III
698 1ST AVENUE NORTH
SUITE 303
ST. PETERSBURG FL 33701**

81 Name **Norman, Sheila D.**
82 Street Address (P.O. Box Number is Not Acceptable) **115 N. Mac Dill Avenue**
83
84 City **Tampa** 85 Zip Code **FL 33609**

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, 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Sheila D. Norman

4-27-95

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	HARTMANN, STEPHEN R
STREET ADDRESS	2414 BELMAN PLACE
CITY - ST - ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	618 college Ave W
1.4 CITY - ST - ZIP	Ruskin, FL 33570
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	STD
2.3 STREET ADDRESS	Steven L. Dorsey
2.4 CITY - ST - ZIP	15303 Summerwind Tampa, FL 33624
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VD
3.3 STREET ADDRESS	David M. Donaldson
3.4 CITY - ST - ZIP	3702 Barcelona Street Tampa, FL 33609
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(b), 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:

Stephen R. Hartmann **Stephen R. Hartmann**

(813) 247-2611

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number