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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

(3)

FEDERAL WAREHOUSE CORPORATION #4

Principal Place of Business

UNIVER. PRK COMMERCE/1090 COMMERCE BLVD P. O. BOX 3749 SARASOTA FL 34243

Mailing Address

UNIVER. PRK COMMERCE/1090 COMMERCE BLVD P. O. BOX 3749

FILED Jan 27 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE SARASOTA FL 34243 3. Date Incorporated or Qualified 08/10/1989 2. Principal Place of Business 2a. Mailing Address Applied For 21 Stabley 65-0135064 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired P.O. BOX 3749 Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be AR ASOTA 23 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible USA 24 Personal Property Tax due June 30. 25 29 ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 RIGGS, STANLEY A JR 1201 TALLEVAST RD Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34243 83 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. CFO TITLE DELETE 1.1 TITLE Change Addition NAME RIGGS, STANLEY A. 1.2 NAME 1201 TALLEVAST RD STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL 34243 CITY-ST-ZIF 1,4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE TITLE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 6,1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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:

941-359-1100

CR2E034