

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

FILED  
Mar 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 235176 (5)  
1. Corporation Name  
WARDLAW -RALPH- INC

Principal Place of Business  
37 E STREET, W  
PO BOX 102  
FROSTPROOF FL 33843

Mailing Address  
4801 EASTON ST  
LAKE WALES FL 33853  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4801 Easton St. Suite, Apt. #, etc. 22 LAKE WALES, FL City & State 23 33853 Zip		2a. Mailing Address 26 4801 Easton St. Suite, Apt. #, etc. 27 LAKE WALES, FL City & State 28 33853 Zip		3. Date Incorporated or Qualified 04/06/1960	
24 Country		29 Country		4. FEI Number 59-0921818	
25 Country		30 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WARDLAW, MARY E 37 E STREET, W FROSTPROOF, FL 33843		10. Name and Address of New Registered Agent 81 Name MARY ELIZABETH STORY 82 Street Address (P.O. Box Number is Not Acceptable) 4801 Easton St. 83 84 City LAKE WALES FL 85 Zip Code 33853	
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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 *Mary Elizabeth Story* MARY ELIZABETH STORY TREASURER 2/26/98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARDLAW, MARY E	1.2 NAME	
STREET ADDRESS	37 E STREET, W	1.3 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STORY, LYLES W	2.2 NAME	
STREET ADDRESS	4801 EASTON ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STORY, MARY W	3.2 NAME	
STREET ADDRESS	4801 EASTON STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	3.4 CITY-ST-ZIP	
TITLE		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		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		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: *Mary Elizabeth Story* MARY ELIZABETH STORY 2/26/98 941-638-3238

CF2E034 (10/97)