

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

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90054 016 \*\*\*150.00

DOCUMENT # 235176

1. Corporation Name  
WARDLAW RALPH INC

Principal Place of Business

4801 EASTON STREET  
LAKE WALES FL 33853  
US

Mailing Address

4801 EASTON ST  
LAKE WALES FL 33853  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1960

4. FEI Number

59-0921818

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 owes the current year Intangible  
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 4801 Easton St.

Suite, Apt. #, etc.

22 LAKE WALES, FL.

City & State

23 33853

Zip

Country

2a. Mailing Address

26 4801 Easton St.

Suite, Apt. #, etc.

27 LAKE WALES, FL

City & State

28 33853

Zip

Country

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9. Name and Address of Current Registered Agent

STORY, MARY ELIZABETH  
4801 EASTON STREET  
FROSTPROOF, FL  
LAKE WALES FL 33853

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Mary Elizabeth Story MARY ELIZABETH STORY President

1/8/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME WARDLAW, MARY E  
STREET ADDRESS 37 E STREET, W  
CITY-ST-ZIP FROSTPROOF, FL 00000

TITLE VD ☐ DELETE

NAME STORY, LYLES W  
STREET ADDRESS 4801 EASTON ST  
CITY-ST-ZIP LAKE WALES FL

TITLE DS ☒ DELETE

NAME STORY, MARY W  
STREET ADDRESS 4801 EASTON STREET  
CITY-ST-ZIP LAKE WALES FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME PD  
1.3 STREET ADDRESS Story, MARY W  
1.4 CITY-ST-ZIP 4801 EASTON ST.  
LAKE WALES, FL 33853

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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.

SIGNATURE: Mary Elizabeth Story MARY ELIZABETH STORY 1/8/99 941-638-3238  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)