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Apr 26, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 307404

1. Corporation Name

COMMERCIAL WAREHOUSING, INC.

Principal Place of Business

Mailing Address

502 E BRIDGES AVE.  
AUBURNDAL FL 33823

502 E BRIDGES AVE.  
AUBURNDAL FL 33823

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/22/1966

4. FEI Number

59-1145652

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOSTICK, GUY  
502 E BRIDGERS AVE  
AUBURNDAL FL 33823

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

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

(NONE) Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME BOSTICK, GUY  
STREET ADDRESS 502 E. BRIDGERS AVE.  
CITY-STATE-ZIP AUBURNDAL FL

TITLE VTD ☐ DELETE

NAME JACOBS, MILTON E.  
STREET ADDRESS 502 E. BRIDGERS AVE.  
CITY-STATE-ZIP AUBURNDAL FL

TITLE PD ☐ DELETE

NAME BOSTICK, R. MARK  
STREET ADDRESS 502 E. BRIDGERS AVE.  
CITY-STATE-ZIP AUBURNDAL FL

TITLE EVP ☐ DELETE

NAME WILKENS, MORRIS  
STREET ADDRESS 502 E. BRIDGERS AVE.  
CITY-STATE-ZIP AUBURNDAL FL 33823

TITLE S ☐ DELETE

NAME READY, BILLY R  
STREET ADDRESS 502 E. BRIDGERS AVE.  
CITY-STATE-ZIP AUBURNDAL FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change

☐ Addition

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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 a power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/99

Date

941-965-6878

Daytime Phone #

CR2E034 (11/98)