

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  
Mar 09, 1999 8:00 am  
Secretary of State

03-09-1999 90145 046 \*\*\*150.00

DOCUMENT # 310812

1. Corporation Name  
WARREN INDUSTRIES, INC.

Principal Place of Business  
1500 NORTH DALE MABRY  
TAMPA FL 33607

Mailing Address  
1500 NORTH DALE MABRY  
TAMPA FL 33607



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/07/1966

4. FEI Number  
59-1304123

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business  
21 1310 N Hercules Ave

2a. Mailing Address  
26 1310 N Hercules Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Clearwater, FL

28 Clearwater, FL

24 Zip Country  
33765 Pinellas

29 Zip Country  
33765 Pinellas

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME HYDER HARTLEY  
STREET ADDRESS 1500 N. DALE MABRY HWY.  
CITY-ST-ZIP TAMPA FL 33607

1.1 TITLE  
1.2 NAME CEO  
1.3 STREET ADDRESS Peter DeSoto  
1.4 CITY-ST-ZIP 175 Green Acres  
Elizabethville, PA 17023

TITLE V  
NAME HULT, FRANK A  
STREET ADDRESS 1500 NORTH DALE MABRY  
CITY-ST-ZIP TAMPA FL 33607

2.1 TITLE  
2.2 NAME President  
2.3 STREET ADDRESS Robert Williams  
2.4 CITY-ST-ZIP 652 W. Market Street Gratz, PA 17030

TITLE VTD  
NAME FJELSTUL DEAN M  
STREET ADDRESS 1500 NORTH DALE MABRY  
CITY-ST-ZIP TAMPA FL 33607

3.1 TITLE  
3.2 NAME Treasurer  
3.3 STREET ADDRESS Jay K Poppleton  
3.4 CITY-ST-ZIP 1985 Carroll Street  
Clearwater, FL 33765

TITLE D  
NAME ALMY, RICHARD E  
STREET ADDRESS 1500 NORTH DALE MABRY  
CITY-ST-ZIP TAMPA FL 33607

4.1 TITLE  
4.2 NAME Secretary  
4.3 STREET ADDRESS Sarah Walker Guthrie  
4.4 CITY-ST-ZIP 1985 Carroll Street  
Clearwater, FL 33765

TITLE S  
NAME PORTER EDWARD A  
STREET ADDRESS 1500 NORTH DALE MABRY  
CITY-ST-ZIP TAMPA FL 33607

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE AT  
NAME EISCH, CYNTHIA B  
STREET ADDRESS 1500 NORTH DALE MABRY  
CITY-ST-ZIP TAMPA FL 33607

6.1 TITLE  
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.

SIGNATURE: By/   
SIGNATURE OF REGISTERED AGENT OR DIRECTOR

2/26/99  
Date Daytime Phone #

CR2E034 (11/98)