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

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

FILED

Mar 03 1998 8:00am

| ANNUAL REPORT 1998 | | Secretary of State DIVISION OF CORPORATIONS | | | | Secretary of State |
|---|---|--|----------------------|-------------------------|----------------------------|--|
| | MENT # 339227 | ' (1) | | | | |
| WEBB | BOLT & NUT COMPANY | | | | | |
| | | | | | | |
| Principal Place of Business | | Mailing Address | | | | T JODIDO KINDO KINDO KINDO KINDO KIDIN 1000 KIDIN DIDIN DIDI |
| 2830 TAFT AVENUE P.O. BOX 547608 ORLANDO FL 32854 | | 2830 TAFT AVENUE P.O. BOX 547608 ORLANDO FL 32854 | | | DO NOT WRITE IN THIS SPACE | |
| | | | | | | 3. Date Incorporated or Qualified 12/20/1968 |
| 2. Principal P | Place of Business | 2a. Mailing Address | | | | 4. FEI Number Applied For |
| 21 Suite Am | # ato | Suite, Apt. #, etc. | | | | 59-1228354 Not Applicable |
| Suite, Apt. | #, 9 ,C. | 27 Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired Service Servi |
| City & Stat | 6 | City & State | | | | Election Campaign Financing \$5.00 May Be |
| Zip | Country | 28 | Coun | try | | Trust Fund Contribution Added to Fees |
| 24 | 25 | | 30 | in y | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No |
| Name and Address of Current Registered Agent | | | | | | 10. Name and Address of New Registered Agent |
| | NE FERNANDEZ | بيناء بعمو مرمن | ا س د | 31 Name | е | , |
| | 8 CYPRESS WOODS DR #117 | 1318-NGW-70W | 1146 | | | ess (P.O. Box Number is Not Acceptable) |
| UK | LANDO FL 32811 | ORUANDO, PA SU | 1 | 33 1.2 | 13 | NEW TOWN AVE |
| | 4 | ane agent rew address | - | 34 City | | es Zin Code |
| | | new address | į | 1 | <u>IR (</u> | LANDO FL 85 Zip Code |
| Pursuant office or r | to the provisions of flections 607.0502 egistered agent, or both in the State | 2 and 607.1508, Florida Statutes of Florida. Such change was au | s, the about | ove-name by the co | d corpo rporation | oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered |
| | im fathilian with, and faction the obliga | itions of, Section 607.0505, Flori | ida Statu | tes. | | |
| SIGNATURE | Sister Apped of printed) name of registered agen | | Registered | Agent signatu | ne required | od when reinstating) DATE |
| 12. | OM ICERS AND | | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | P V | ☐ DELETE | 1.1 TITL | | | Change Addition |
| NAME STREET ADDRESS | RENE FERNANDEZ 1313 NEW TOWN AVE | | 1.2 NAN | | . | |
| STREET ADDRESS CITY-ST-ZIP | ORLANDO FL | | ď | EET AOORESS '-ST-ZIP | 1 | |
| TITLE | ST | DELETE | 2.1 TITL | | <u> </u> | ☐ Change ☐ Addition |
| NAME | Maria Fernandez | | 2.2 NAM | 1E | | |
| STREET ADDRESS | 1313 NEW TOWN AVE | | 2.3 STR | EET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO FL | | | Y - ST - ZIP | | |
| TITLE | | ☐ DELETE | 3.1 TITL | | | Change Addition |
| NAME CTOSET ADDRESS | | | 3.2 NAM | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | eet address Y-ST-Zip | ' | |
| TITLE | | DELETE | 4.1 TITL | | | ☐ Change ☐ Addition |
| NAME | | | 4. 2 NA | AE . | 1 | |
| STREET ADDRESS | | | 4.3 STR | EET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 City | -ST-ZIP | | |
| TITLE | | DELETE | 5.1 TITL | | | Change Addition |
| NAME | | | 5.2 NAM | | 1 | |
| STREET ADDRESS | | | | ET ADDRESS | | |
| CITY-ST-ZIP TITLE | | DELETE | 5.4 CITY 6.1 TITU | -ST-ZIP | + | Change Addition |
| NAME | | المامان بي | 6.2 NAM | | | Counge Li regulori |
| STREET ADDRESS | • | | | EET ADORESS | | |
| STILL INDUITING | ı | | 2.50/11 | | 1 | |

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 receiptr 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.