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

**PROFIT** CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Secretary of State **DOCUMENT # 474206** (0)WAGNER OFFICE FURNITURE, INC. Principal Place of Business Mailing Address 3339 W. KENNEDY BLVD. 3339 W. KENNEDY BLVD. TAMPA FL 33609 TAMPA FL 33609 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/17/1975 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1593270 602 N. Rome Ave. Not Applicable 602 N. Rome Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Tampa, FL Tampa, FLTrust Fund Contribution Added to Fees <sup>Zip</sup> 33606 Country Country 8. This corporation owes or has paid the current year Intangible **3**3606 25 USÁ USA XX Yes 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DYKEMA, KENNETH W. 13735 CHESTERSALL DR. 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33624** 83 84 City 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 the if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE 1.1 TITLE SHANNON, BARRY NAME 1.2 NAME 11901 4th St. N APT. 220 11901 4TH ST N. APT 307 STREET ADDRESS 1.3 STREET ADDRESS ST PETERSBURG FL CFTY - ST - ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE PLUMB, BEVERLY T NAME 2.2 NAME STREET ADDRESS 1100-B PINE RIDGE CIR W 2 3 STREET ADDRESS TARPON SP. FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE CPD 3.1 TITLE DYKEMA, KENNETH W. NAME 3.2 NAME 13735 CHESTERSALL DR STREET ADDRESS 3.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change ☐ Addition DYKEMA, SANDRA P 4. 2 NAME 13735 CHESTERSALL DR STREET ADDRESS 4.3 STREET ADDRESS TAMPA FL 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 pertify that the information in the section of the section 119.07(3)(i), Florida Statutes. I further pertify that the information is a section of the section 119.07(3)(i), Florida Statutes. I further pertify that the information is a section of the indicated on this annual report or supplemental annual report is true and accurate and that my signature shall be officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Block 12 or Block 13 ill changed, or on an attachment with an address. ye the same legal effect as if made under oath; that I am an hap of 607 porida Statutes and that my name appears in

**FILED** 

Apr 01 1998 8:00am