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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of Stale DIVISION OF CORPORATIONS

1997

DOCUMENT # 512228

(8)

WARNER PLUMBING SUPPLY CO. OF FLORIDA, INC.

## **FILED** May 12 1997 8:00am Secretary of State



| Principal Place of Business Mailing Address |   |   |  |   |   | Brott Vizri Brott 41617 61                     |                         |
|---|---|---|--|---|---|--|-------------------------|
| 5205 NEBRESH<br>TAMPA FL 336                |   | 5205 NEBRESKA AVE.<br>TAMPA FL 33603-2342   |  |   |   |  |                         |
|   |   | NEBEASKA  | • •  |   | 3. Date Incorporated or Qualified 09/10/1976  | 3a. Date of Last Rep<br>03/01/1996             | oorl                    |
| 2. Principal P                              | lace of Business  | 2a. Mailing Address   |  |   | 4. FEI Number   | ·  | lied For                |
| 21 5  | AME 26 SAME   |   |  |   | 59-1693157  |  | Applicable              |
| Suite, Apt. #, etc.                         |   | Suite, Apt. #, etc.   |  | 5. Certificate of Status Desired                        | \$8.75 Additional Fee Required  |  |                         |
| City & Stat                                 | e   | City & State  |  | Election Campaign Financing     Trust Fund Contribution | \$5.00 May Be Added to Fees   |  |                         |
| Zip   | Country   | Zip   | Country                                      |   | 8. This corporation has liability for in  | ntangible tax under s. 199.032,                |                         |
| 24  | 25  | 29  | 30   |   | Florida Statutes  | Yes 🔲 No                                       |                         |
|   | 9. Name and Address of Current  | Registered Agent  |  |   | 10. Name and Address of New Reg   | stered Agent                                   |                         |
| WAI   | RNER, RICHARD   |   | 8  | 1 Name  |   |  | 1                       |
| 620   | 5 NEBRASKA AVE  |   | В.   | 2 Street Add  | iress (P.O. Box Number is Not Acceptable  | 9)   |                         |
| TAN   | MPA FL 33603  |   |  |   |   |  |                         |
| ·   |   |   | 8:   | 3   |   |  |                         |
|   |   | •   | 8  | 4 City  |   | FL 85 Zip Co                                   | ode                     |
| 11. Pursuant office or ragent. La           | to the provisions of Sections 607.0502<br>egistered agent, or both, in the State<br>in familiar with, and accept the obliga | P and 607,1508, Florida Statut<br>of Florida. Such change was<br>tions of, Section 607,0505, Fl | les, the abo<br>authorized l<br>orida Statut | ve-named cor<br>by the corpora<br>es.                   | poration submits this statement for the pu<br>alion's board of directors. I hereby accept   | rpose of changing its<br>the appointment as re | registered<br>egistered |
| SIGNATURE                                   | Signature, typod or printed name of registered ages   |   |  |   | ilred when reinstating)   | DATE   |                         |
| 12.   | OFFICERS AND  |   | 13.  |   | ADDITIONAL AND ED ADDIO   | 55 W 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5         | IN 12                   |
| TITLE                                       | PTD   | DELETE  | 1 1 117LE                                    | 7   | PICHARD E   | Change   | Addition                |
| NAME  | WARNER, RICHARD E.  |   | 1.2 NAM8                                     | u   | PRNER KRARDE  |  | ]                       |
| STREET ADDRESS                              | 8747-ELMWOOD-LANE   |   | 1.3 S1RE                                     | ET ADDRESS  | 6410 E 112th AVE  |  |                         |
| CITY-ST-ZIP                                 | TAMPA-FL  |   | 1.4 C(1Y                                     | S1-2IP  | TEMPLE TERRACE, F   | 7 33011  | ]}                      |
| TITLE                                       | VS  | DELETE  | 2.1 7(1)(E                                   |   | ADDITIONS/CHANGES TO OFFICE<br>PRINGER, RICHARD E<br>GUIO E 119th AVE<br>TEMPLE TERRACE, F<br>VARNER, BARBARAS<br>GUIO E 112TH AVE<br>TEMPLE TERRACE, F | Change   | ☐ Addition (            |
| NAME  | Warner, Barbara J   |   | 2.2 NAMI                                     | 10  | DARNER, UNTUAVE   | -  |                         |
| STREET ADDRESS                              | 8 <del>747 ELMWOOD LAN</del> E  |   | 2.3 STRE                                     | ET ADDRESS  | 110E 1121   | / ==   | ţ                       |
| CITY-ST-ZIP                                 | JAMPA-PL  |   | 2 4 CHTY                                     | - ST - 7)P  | TEMPTE TERRACE, FT  | 35617  |                         |
| TITLE                                       |   | ☐ DELETE  | 3.1 TITLE                                    |   | •   | Change   | Addition                |
| NAME  |   |   | 3.2 NAM6                                     |   |   |  |                         |
| STREET ADDRESS                              |   |   | 3.3 STRE                                     | ET ADDRESS  |   |  |                         |
| CITY-ST-ZIP                                 |   | DE CV   | 3.4 CITY                                     |   |   | — <u>— .</u>                                   |                         |
| TITLE                                       |   | ☐ DELETE  | 4.1 TITLE                                    | - 1   |   | ☐ Change                                       | ☐ Addition              |
| NAME  |   |   | 4. 2 NAM                                     |   |   |  | 1                       |
| STREET ADDRESS                              |   |   |  | ET ADDRESS  |   |  |                         |
| CITY-ST-ZIP                                 |   | DELETE  | 4.4 DITY-                                    |   |   | Change   | Addition                |
| TITLE                                       |   | ☐ DEFELE  | 51 TITLE                                     |   |   | ☐ Change                                       | Addition                |
| NAME<br>PROCES ADDRESS                      |   |   | 5.2 NAME                                     |   |   |  | ļ.                      |
| STREET ADDRESS                              |   |   |  | E1 ADDRESS  |   |  |                         |
| CITY-ST-ZIP<br>TITLE                        |   | DELETE  | 5.4 CITY -<br>6.1 TO LE                      |   |   | Change   | Addition                |
| NAME  |   |   | 6.2 NAMI                                     |   |   | La Change                                      | , Addition              |
| STREET ADDRESS                              |   |   |  | T ADDRESS   |   |  |                         |
| -   |   |   | 1  | . 1   |   |  | ľ                       |
| CITY-ST-2IP                                 | Alf al  | 1 10 10 10 10 10 10 10 10 10 10 10 10 10  | 6.4 CITY                                     | 51 · ZIP  | di- 0-dian (10.07(0)()) Florid (0) (1-  | 17.11.   |                         |

t do nereby 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.

8/3