**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

		-			
	OCUN	MENT#	5	19573	1
1.	Corporation	Name	<b>O</b>	12016	,

WARD BROS., INC.

## FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90136 001 \*\*\*150.00



Principal Place of Business Mailing Address 400 CYCLONE DRIVE 400 CYCLONE DRIVE FORT PIERCE FL 34945 FORT PIERCE FL 34945 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/17/1976 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1690750 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. **\$8,75** Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes the current year Intangible Yes □No 30 25 29 Personal Property Tax. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WARD, COY C. Street Address (P.O. Box Number is Not Acceptable) 400 CYCLONE DRIVE FT. PIERCE FL 34945 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change 117776 TITLE PV WARD, COY C. 1.2 NAME NAME

**400 CYCLONE DRIVE** 1.3 STREET ADORESS STREET ADDRESS FT. PIERCE FL 1.4 CITY-ST-ZIP ☐ Addition DELETE 2.1 TTLE Change TITLE TS WARD. TANYA L. 2.2 NAME **400 CYCLONE DRIIVE** 2.3 STREET ADDRESS STREET ADDRESS FT. PIERCE FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ DELETE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. Cfty-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF

CR2E034 (11/98)