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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 685861

1. Corporation Name

WILBEY INDUSTRIAL SERVICE CORPORATION

Principal Place	e of Business	Mailing Address	<del>,</del>				I BIBLI DEDEK BIBLI I	Y(BIK BYBKI IBBI
% ANTHONY BORRELL. JR		% ANTHONY BORRELL. JR						
3511 N NEBRASKA AVE		3511 N NEBRASKA AVE						
TAMPA FL 33603		TAMPA FL 33603		DO NOT WRITE IN THIS SPACE				
U\$		US				3. Date Incorporated or Qualifed		ĺ
- 5:-:-15	to a f During	2a. Mailing Address				08/28/1980 4. FEI Number	ΙΔn	plied For
	lace of Business	<del></del>				59-2036930	<del> </del>	t Applicable
Suite, Apt.	# atc	Suite, Apt. #, etc					\$8.75	
	m, etc.	27	•			5. Certificate of Status Desired	Fee Re	
City & State	e	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added t	
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year	ntangible	
24	25	29	30	_		Personal Property Tax.	Yes	□No
-	g. Name and Address of Current	Registered Agent				10. Name and Address of New Registere	d Agent	
505	meri a aset (Asia) an			81	Name	•		
	RELL, ANTHONY, JR			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
3601 N NEBRASKA AVE			;			· · · · · · · · · · · · · · · · · · ·		
IAM	PA FL 33603			83				.
			Ì	84	City	· · · · · · · · · · · · · · · · · · ·	85 Zip (	Code
				Ш		F		ragistared
office or n	egistered agent, or both, in the State of	Florida. Such change v	/as authorized	i by tr	named corp he corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as re	gistered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505	i, Florida Statu	ites				
SIGNATURE						d when reinstating) DATE		\
12.	Signature, typed or printed name of registered agent a OFFICERS AND		13.	Agent	signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	EDES AS,P.D	DELET		TLE		7,5517,6167,612,1102,613	Change	☐ Addition
NAME	BORRELL, ANTHONY JR		1.2 NA	ME		•		
STREET ADDRESS	3601 N NEBRASKA AVE		1.3 \$T	REET A	ADDRESS			
CITY-ST-ZIP	TAMPA, FL 00000		1.4 CIT	TY-ST-	ZIP			
TITLE	VAS	☐ DELET	E 2.1 TIT	TLE			Change	☐ Addition
NAME	BORRELL, ANTHONY J III		2.2 NA	ME				
STREET ADDRESS	3601 N NEBRASKA AVE		2.3 ST	REETA	ADDRESS	·		
CITY-ST-ZIP	TAMPA FL		2. 4 CI	TY-ST	-ZIP			
TITLE	CARLOS MOVOLS	DELET	E 3.1 TIT	ILE				
NAME.					J		Change	Addition
STREET ADDRESS			32 NA	ME			Change	Addition
CITY-ST-ZIP					ADDRESS		Change	Addition
UIT-SI-ZIP			3.3 ST 3.4. CI	REET A			<del>-</del> ;	
TITLE	SECLETRAY TREA	Suver DELET	3.3 ST 3.4. CI E 4.1 TIT	REET A ITY-ST- TLE			Change	Addition
	SECRITARY / TREA CARLOS MENE	INDEL.	3.3 ST 3.4. CI E 4.1 TIT 4. 2 N/	REET A ITY-ST- TLE AME	- ZIP		<del>-</del> ;	
TITLE	3401 N. Nesras	ha A	3.3 ST 3.4. CI E 4.1 TIT 4.2 NV 4.3 ST	REET A ITY-ST- TLE AME REET A	- ZIP ADDRESS		<del>-</del> ;	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CARLOS MENE	ha AU 360Z	3.3 ST 3.4. CI E 4.1 TIT 4. 2 NV 4.3 ST 4.4 CI	REET A ITY-ST- ILE AME REET A IY-ST-	- ZIP ADDRESS		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	3401 N. Nesras	ha A	3.3 ST 3.4. CI E 4.1 TIT 4.2 NV 4.3 ST 4.4 CI E 5.1 TIT	REET A ITY-ST- ILE AME REET A IY-ST- ILE	- ZIP ADDRESS		<del>-</del> ;	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	3401 N. Nesras	ha AU 360Z	3.3 ST 3.4. CI E 4.1 TiT 4.2 NV 4.3 ST 4.4 CI E 5.1 TIT 5.2 NA	REET A  TLE  AME  REET A  TY-ST- TLE  WE	- ZIP ADDRESS -ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS	3401 N. Nesras	ha AU 360Z	3.3 ST 3.4. CI 4.1 TIT 4.2 NV 4.3 ST 4.4 CI 5.1 TIT 5.2 NA 5.3 ST	REET A ITY-ST- ILE REET A IY-ST- ILE AME REET A	ADDRESS ADDRESS		☐ Change	☐ Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	3401 N. Nesras	ha AJ	3.3 ST 3.4. CI 4.1 TIT 4.2 NV 4.3 ST 4.4 CI 5.1 TIT 5.2 NA 5.3 ST 5.4 CI	REET A ITY-ST- ILE REET A ITY-ST- ILE REET A ITY-ST- ITE ITY-ST- ITY-ST-	ADDRESS ADDRESS		☐ Change	Addition
TITLE  NAME  STREET ADDRESS  CITY- ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	3401 N. Nesras	ha AU 360Z	3.3 ST 3.4. CI 4.1 TIT 4.2 NV 4.3 ST 4.4 CI 5.1 TIT 5.2 NA 5.3 ST 5.4 CI E 6.1 TIT	REET A  TY-ST- TLE  WE TY-ST- TLE TY-ST- TLE	ADDRESS ADDRESS		☐ Change	☐ Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	3401 N. Nesras	ha AJ	3.3 ST 3.4. CI 4.1 TIT 4.2 NV 4.3 ST 4.4 CI 5.1 TIT 5.2 NA 5.3 ST 5.4 CI E 6.1 TIT 6.2 NA	REET A ITY-ST- ILE REET A IY-ST- ILE REET A IY-ST- ILE AME	ADDRESS ADDRESS		☐ Change	Addition

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 of the receiver of 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 of an attachment with an address, with all other like empowered.

SIGNATURE: