SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
'95 AUG -4 AM 10:23

DOCUMENT # **818969** **(8)**

1. Corporation Name
WARECO SYSTEM INC.

Principal Place of Business	Mailing Address
400 W. STATE STREET P. O. BOX 1287 JACKSONVILLE IL 62651	400 W. STATE STREET P. O. BOX 1207 JACKSONVILLE IL 62651

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/18/1965	3a. Date of Last Report: 08/17/1994
2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)
4. FEI Number: 37-0572262	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

LEONARD, TOM
3339 LITTLE JOE CT
APOPKA FL 32712

10. Name and Address of New Registered Agent

81 Name: VINCE D'alessandro
82 Street Address (P.O. Box Number is Not Acceptable): 1206 WEST MAIN
83
84 City: LEESBURG FL 85 Zip Code: 34748

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: Vincent D'Alessandro Jr. 6/12/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE		☐ Change ☐ Addition
NAME	WARE, JON	12 NAME		
STREET ADDRESS	1553 MOUND	13 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, IL 00000	14 CITY-ST-ZIP		
TITLE	T	21 TITLE		☐ Change ☐ Addition
NAME	SCOBBIE, MARK A.	22 NAME		
STREET ADDRESS	603 LOCUST	23 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, IL 00000	24 CITY-ST-ZIP		
TITLE	PD	31 TITLE		☐ Change ☐ Addition
NAME	WARE, WILLIAM	32 NAME		
STREET ADDRESS	RR #1	33 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, IL 00000	34 CITY-ST-ZIP		
TITLE	VD	41 TITLE		☐ Change ☐ Addition
NAME	WARE, RICHARD	42 NAME		
STREET ADDRESS	314 COUNTRY CLUB RD	43 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, IL 00000	44 CITY-ST-ZIP		
TITLE	S	51 TITLE		☐ Change ☐ Addition
NAME	WARE, JAMES R.	52 NAME		
STREET ADDRESS	11 AARON AVE	53 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE IL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Mark A Scobbie MARK A. SCOBBIE TREASURER 6/12/95 217-245-9528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0102270 FN