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Mar 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **F93000003711 (9)**

1. Corporation Name:
J.W.I. SUPPLY OF FLORIDA, INC.

Principal Place of Business

**2820 NORTHWEST 28TH STREET
LAUDERDALE LAKES FL 33311
US**

Mailing Address

**105 WEST MAIN
JENKS OK 74037-3958
US**



3. Date Incorporated or Qualified

08/11/1993

3a. Date of Last Report

02/20/1996

2. Principal Place of Business

21 **6542 NW 13TH CT.**

2a. Mailing Address

26

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

23 **PUNTA RICA FLA.**

City & State

28

Zip

24 **33313**

Country

Zip

29

Country

30

4. FEI Number

65-0442961

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

**CHATTERTON, TIM
2920 NW 28TH STREET
LAUDERDALE LAKES FL 33311**

10. Name and Address of New Registered Agent

31 Name

32 Street Address (P.O. Box Number is Not Acceptable)

33

34 City

FL

35 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 title if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CP** ☐ DELETE
NAME **WOLLMERSHAUSER, CHARLES JR**
STREET ADDRESS **3121 E. ST. 86 ST.**
CITY-ST-ZIP **TULSA OK 74137**

TITLE **DV** ☐ DELETE
NAME **WOLLMERSHAUSER, CHARLES SR**
STREET ADDRESS **6240 E. 98 ST.**
CITY-ST-ZIP **TULSA OK 74137**

TITLE **ST** ☐ DELETE
NAME **WOLLMERSHAUSER, MATTHEW**
STREET ADDRESS **5815 E. 94 ST.**
CITY-ST-ZIP **TULSA OK**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 officer 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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-97

Date

(918) 299-1255

Daytime Phone #

CR2E034 (9/96)