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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # F93000003711

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90049 039 ***150.00

J.W.I. SUPPLY OF FLORIDA, INC.								
Dringing Diogr	o of Duninger	Mailing Address			 -	i i i i i i i i i i i i i i i i i i i		
· · · · · · · · · · · · · · · · · · ·								
6542 NW 13TH CT 10545 S MEMORIAL PLANTATION FL 33313 TULSA OK 74133								
US US						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						08/11/1993		
Principal Place of Business 2a. Mailing Address						4. FEI Number	<u>-</u>	plied For
21 26						65-0442961		t Applicable
Suite, Apt. #, etc.						5. Certifcate of Status Desired	\$8.75 A	
22 City & State City & State								
<u> </u>						6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip Country Zip			Country					01663
	_ '			¬ '		This corporation owes the current year Personal Property Tax.	∏ Yes	⊠No
24	25 29 30 9. Name and Address of Current Registered Agent					10. Name and Address of New Register		
	o. Haile plu Addiess of Content		- E	31	Name			
CHATTERTON, TIM			L		<u> </u>	(D.O. D. M. L		
6542 NW 13TH CT			8	32	Street Addres	ss (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33313			Ε	33				
				_			T = 1 = 0	
			8	84 City		F	EL 85 Zip (Jode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,				i_ ove-r	named corpor	ration cubmits this statement for the nurnose	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		egistered A	gent s	signature required v	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		RS IN 12
12.	OFFICERS AND	DELETE	1.1 TITU			ADDITIONO/OFFICE TO G. 7.52.10	Change	Addition
TITLE	WOLLMERSHAUSER, CHARLES JR			1.1 TILE 1.2 NAME				
			1.3 STREET ADDRESS		DODECC			ł
1			1.4 CITY-ST-ZIP					
CITY-ST-ZIP	TULSA OK 74137 DV	⊠ DELETE	2.1 TITL		ZIP		Change	Addition
TITLE	_			2.2 NAME			_ ,	_
NAME	WOLLMERSHAUSER, CHARLES SR				DORESS			
STREET ADDRESS	6240 E. 98 ST.				ļ.			ļ
·CITY·ST·ZIP	=TULSA-OK-74137	☐ DELETE	3.1 TITL		ДР		Change	Addition
TITLE	ST Wollmershauser, Matthew		3.2 NAM					_
NAME	10742 S FULTON				DDRE\$\$			
STREET ADDRESS								
CITY-ST-ZIP TITLE	TULSA OK 74137	☐ DELETE	3.4. CITA 4.1 TITL		CIP		Change	Addition
		CJ 000016	4. 2 NAM			ÿ.	,	_
NAME STREET ADDRESS					ODRESS	•		
			E .					
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY 5.1 TETL		<u>ur</u>		Change	Addition
]			5.2 NAM					_
NAME					DORESS			
STREET ADDRESS			5.4 CITY		1	•		
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITL				Change	Addition
NAME			6.2 NAM				_ ′	_
			1	6.3 STREET ADDRESS				
STREET ADDRESS			\$.5 Q IN					

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 suppliementation indicated on this annual report or suppliementation indicated on this annual report or suppliementation indicated on this annual report of the corporation of the focus 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 a participation with an address, with all other like empowered.

SIGNATURE: