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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name F97000006314 (5)

W.P. INDUSTRIES INTERNATIONAL, INC.

FILED Apr 17 1998 8:00am Secretary of State



Principal Place of Business Mailing Address										
8015 A UNITY DR 6015 A UNITY DR NORCROSS GA 30071 NORCROSS GA 30071							DO NOT WRITE IN THIS S	SPACE		
							3. Date Incorporated or Qualified			
							12/01/1997			
·	Place of Business	2a. Mailing Address					4. FEI Number		pplied For	
21		26					58-2319935		ot Applicable	
Suite, Apt.	. #, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional equired	
City & Stat	to	28	City & State				B. Election Campaign Financing Trust Fund Contribution Added to Fees			
Zip	Country	1201	Zip	Count	rv	,	This corporation owes or has paid the curr			
24			29 30				Personal Property Tax due June 30. Yes No			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered			<u> </u>	~ · · ·	
GI	LADDEN, DICK			8	1	Name				
10	07 N.E. 28TH TERRACE					Street Addre	dress (P.O. Box Number is Not Acceptable)			
Oi	KEECHOBEE FL 34972				3					
				-	_	-		-11		
				8	1	City	FL.	85 Zip	Code	
11. Pursuant office or agent. La	to the provisions of Sections 607.03 registered agent, or both, in the Sta am familiar with, and accept the obli	502 and 6 te of Flori gations o	607.1508, Florida State da. Such change was if, Section 607.0505, F	ites, the abo authorized l lorida Statut	ve by	enamed corporation the corporation is a second corporation of the corporation is a second corporation of the	oration submits this statement for the purpose of on's board of directors. I hereby accept the appropriate the property of the purpose of th	changing i	ts registered registered	
SIGNATURE	Filalas	do					d when reinstating) DATE	98.		
Signature, typed or printed name of registered agent and title if applicable (NOTE:						ent signature required				
12.	OFFICERS A	ND DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	PD		☐ DELETE	1.1 TITLE				Change	Addition	
NAME	PALMOUIST, ROBERT J			1.2 NAM	E					
STREET ADDRESS	6015 A UNITY DR			1.3 STRE	ET /	ADDRESS				
City-St-ZIP	NORCROSS GA			1.4 CITY	-51	T- ZIP				
TITLE	SD DELETE		2 1 TITLE	2 1 TITLE			☐ Change	Addition		
NAME	WILLIAMS, JOY			2.2 NAM	E	i				
STREET ADDRESS	6015 A UNITY DR			2.3 STRE	ET /	ADDRESS				
CITY - ST - ZIP	NORCROSS GA			2. 4 CITY	'-S'	ST-21P				
TITLE	CD		☐ DELETE	3.1 TITLE				☐ Change	Addition	
NAME	WILLIAMS, GEOFFREY			3.2 NAM	E					
STREET ADDRESS	6015 A UNITY DR			3.3 STRE	et /	ADDRESS				
CITY-ST-ZIP	NORCROSS GA	= =	·	3.4. CITY	· S	ST-ZIP				
TITLE			DELETE	4.1 TITLE				☐ Change	☐ Addition	
NAME				4. 2 NAM	ΙE					
STREET ADDRESS				4.3 STRE	ET /	ADDRESS				
CITY-ST-ZIP			- 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	4.4 City	- \$1	T-ZIP				
TITLE			☐ DELETE	51 TITLE				Change	Addition	
NAME				5.2 NAMI	E					
STREET ADDRESS				5.3 STRE	ET /	ADDRESS				
CITY-ST-ZIP	<u> </u>			5.4 CITY	· ST	T-ZIP				
TITLE			☐ DELETE	6.1 TITLE				Change	Addition	
NAME			•	6.2 NAME	E					
STREET ADDRESS				6.3 STRE	ET /	ADDRESS				
CITY - ST - ZIP				6.4 CITY						

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.