Mailing Address

FT. MYERS FL 33902

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

PO ROX 610

US

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**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

1400 LEE BLVD. LEHIGH ACRES FL 33936

21

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24

Zip

**DOCUMENT # G94120** 

WARBO ENTERPRISES, INC.



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90005 032 \*\*\*150.00

## a amanan musu austa dalah ladah ladah dalah dalah dalah dalah dalah dalah dalah dalah dalah ladah

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/02/1984 4. FEI Number Applied For 59-2386214 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 8. This corporation owes the current year Intangible **™**No Personal Property Tax.

WINESETT, RICHARD W. 2248 FIRST STREET FORT MYERS FL 33901

Country

9. Name and Address of Current Registered Agent

25

	10. Name and Address of New Registered Agent	
81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City FL 85 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.

Country

30

SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition DELETE 1.1 TITLE ☐ Change TITLE WARRINER, WAYNE 12 NAME NAME 4451 DELEON STREET 1.3 STREET ADDRESS STREET ADDRESS FORT MYERS FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 2.1 TITLE TITLE DVS **BOARTS, DAVID** 2.2 NAME NAME 107 GEORGIA AVE 2.3 STREET ADDRESS STREET ADDRESS LEHIGH ACRES FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change □ DELETE TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TILE 4. 2 NAME NAME Se 11 32 45 STREET ADDRESS 4.3 STREET ADDRESS í 4.4 CITY-ST-ZIP CITY-ST-ZiP ☐ Change ☐ Addition □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition □ DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: A PRINTE

4-14-99.

(941) 369-5851

Daytime Phone #

CR2E034 (11/98