FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS **1998** • DOCUMENT # J02520 (1)F & D WILBERDING CO., INC. Principal Place of Business Mailing Address 4358 SE COMMERCE AVE 4358 SE COMMERCE AVE STUART FL 34997 STUART FL 34997 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/06/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2647200 21 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country Zip This corporation owes or has paid the current year Intangible X Yes 24 30 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WILBERDING, DANIEL J 5178 MAJOR WAY 82 Street Address (P.O. Box Number is Not Acceptable) STUART FL 34997 83 City 84 Zip Code Pursuant to the provoffice or registered agent. t am familiar octions 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of the corporation of the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered step the obligations of, Section 607.0505, Florida Statutes. SIGNATURE of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change WILBERDING, EUZABETH H. NAME 1.2 NAME 5178 MAJOR WAY STREET ADDRESS 1.3 STREET ADDRESS STUART FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change WILBERDING, DANIEL J. 2.2 NAME 5178 MAJOR WAY STREET ADDRESS 2.3 STREET ADDRESS STUART FL CITY-ST-ZIP 2 4 CITY - ST- 7IP DELETE Change TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change TITLE 41 TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS

A CONTRACTOR DESCRIPTION OF THE PARTY OF THE

CITY-ST-ZIP

TITLE

FILED Apr 29 1998 8:00am Secretary of State



Applied For

□ No

(10/97)

CRZE034

Addition

Addition

Addition

Addition

Change

STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-7iP

4.4 CITY - ST - ZIP

51 TITLE 5.2 NAME

DELETE

14. Thereby 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 eath; 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 all all thement with an address. **SIGNATURE:**