FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT # J32097

(4)

Secretary of State

FILED

May 01 1996 8:00 am

WILMAR PRODUCTS, INC.											
Principal Place	of Business	Mailing Address	failing Address				1 16 0 1110 0100 11110 110011 00110 1 9 071 11	IDI DADIL BIBAH			
11347 COUNTY RD 672 RIVERVIEW FL 33569 US			728 DEBRA LYNN DR BRANDON FL 33511-5807 US								
03		00					3. Date Incorporated or Qualified	3a. Date		·	
Déscine Dis	ace of Business	2a. Mailing Address					09/08/1986 4. FEt Number		/01/19	Applied For	
21 Principal Pia	ace or business	— ĭ	26				59-2721933			Not Applicable	
Suite, Apt. 4	#. etc.		Suite, Apt. #, etc.				\$8.75 Additional				
22		27	27				5. Certificate of Status Desired			Required	
City & State	;	City & State	City & State				6. Election Campaign Financing	\$5.00 May Be			
23		28					Trust Fund Contribution		Ado	ed to Fees	
Zip	Country	Zip	├ ─┐	intry			8. This corporation has liability for in		k under s	s 199.032,	
24	9. Name and Address of Curre	29	30	Τ			Fiorida Statutes		Agent.		
	y. Name and Address of Cont	BIIT HERISTOTED WROTE		81	Name		10. Hame Blid Address of Henry	-gistolou ,	· goin		
LANAMOTAN	OF 101110 0										
	CE, IRVING G		82 Street Ad			Addres	s (P.O. Box Number is Not Acceptable	e)			
SUITE A	t street			83							
TAMPA F	1 22602										
IAMPA	L 33002			84	City			FL	85 2	Zip Code	
11. Pursuant t	to the provisions of Sections 607.050	02 and 607.1508, Florida Statut	es, the abo	ove-r	named co	orporati	on submits this statement for the purp	oose of cha	nging its	registered office	
or register	ed agent, or both, in the State of Flo th, and accept the obligations of, Se	orida. Such change was authoriz	ed by the	corp	oration's	board	of directors. I hereby accept the appo	ointment as	registere	d agent. I am	
	in, and accept the congations of co	Short Gar. Gaod, Florida Statuto.								ļ	
SIGNATURE _	Signature, typed or printed name of registered age	ent and title if applicable (NG	OTE: Registere	d Agen	il signature i	required w	hen reinstating)	DATE			
12.	OFFICERS A	ND DIRECTORS	13.				ADDITIONS/CHANGES TO OFFI				
TITLF	STD			1. 1 TITLE				Ĺ] Change	Addition	
MAME	WYATT, WILMA L.		1.2 NAME								
STREET ADDRESS 728 DEBRA LYNN DRIVE			1.3 STREET ADDRESS					~ ~ ~ . ,		İ	
CITY-S1-ZIP	BRANDON FL 335				I - ZIP	ļ	ZIP:	33511	7 05	797) Add (1)	
TITLE	VPD	☐ DELETE		2 1 TITLE				L] Change	Addition	
NAME	WYATT, JOHN		2 2 NAME								
STREET ADDRESS	728 DEBRA LYNN DRIVE				ADDRESS		21P: 3	ا رسے ھ		ļ	
City-St-ZIP	BRANDON FL	☐ DELETE	3 11		IT-ZIP	 	ZIF: 3		7 Change	Addition	
TITLE	P CALLO EDANK N		3 2 N					L	_ ~)	
NAME STREET ADDRESS	GALLO, FRANK M. 2190 MAYR LANE				T ADDRESS						
CHY-SI-ZIP	PALM HARBOR FL				it-ZIP		ZIP:				
TITLE	VP	☐ DELĒTĒ	4.11	-				5	Change	Addition	
NAME	PATTERSON, BLEN E.	_	7.21	AME		DA	TTERSON, GLEN E		_		
STREET ADDRESS	9922 HAGADORN RD		_		ADDRESS	• • •	·				
CITY-ST-ZIP	RIVERVIEW FL				T-ZIP		219:	335	69		
TIFLE		☐ DELETE		TITLE			· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAME			5.2 N	IAME							
STREET ADDRESS			5.3 \$	TREET	ADDRESS						
CHTY-ST-Z:P			540	HY-5	T · ZIP						
TITLE		☐ DELETE	6.1	TITLE					_ Change	Addition	
NAME			621	IAME						İ	
STREET ADDRESS			6.3 9	TREET	ADDRESS					İ	
CITY OF 710	1		645	1TV 0	T_710	1				1	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 cath; 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 13 if changed, or on an attachment with an address.

SIGNATURE:

4/26/96 8/3633/90/