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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Jan 23 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J32097

(4)

WILMAR PRODUCTS, INC.

appears in Block 12 or Block

SIGNATURE:

Principal Place of Business 11347 COUNTY RD 672 RIVERVIEW FL 33569 US		Mading Address	Mailing Address 728 DEBRA LYNN DR BRANDON FL 33511-5807 US		I POBRITO BODO REFIN NIBILI MOLEO POLICE FOR I	I BEBUI KUMUI WYWEI WIB!	MIMIN MIMIN IMM
		BRANDON FL 33511-580					
A Block (ID)			·		3. Date Incorporated or Qualified 09/08/1986	3a. Date of La 05/01/19	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	<u> </u> -	Applied For
Suite, Apt #	1 etc	26			59-2721933		Not Applicable
City & State		27 City & State			5. Certificate of Status Desired	Fe	75 Additional e Required
23		28	T-0		Election Campaign Financing Trust Fund Contribution	☐ Add	00 May Be ded to Fees
Zip	Country	Zip	Country		8. This corporation has liability for i		er s. 199.032,
4	25 9. Name and Address of Currer	29 Agestered Agent	30			Yes No	
1 4141		it vedigreten Wastir	81	Name	10. Name and Address of New Re	gistered Agent	
	RENCE, IRVING G		0.	- I Wallie			
	EAST STREET		B2	Street Addr	ress (P.O. Box Number is Not Acceptab	le)	
SUIT	E A PA FL 33602		83				
LAM	PA FL 33002						i
			84	City		FL 85	Zip Code
11. Pursuant to	the provisions of Sections 607.050	12 and 607.1508, Florida Statu	ites, the above	-named corp	poration submits this statement for the p	urpose of changi	no its registered
onice or re	igistored agent, or both, in the State	of Florida. Such change was ations of, Section 607,0505. F	authorized by	the corporat	tion's board of directors. I hereby accep	the appointmen	t as registered
agent Lan							
agent Lan	manina with and accept the oblig-						
agent I an _ SIGNATURE	Regnature: Type: For printed name of registered age			nt signature requir	red when reinstaling)	DATE	****
agent Lan SIGNATURE		ers and title if applicable (NC		nt signature requir	red when reinstaling) ADDITIONS/CHANGES TO OFFIC		TORS IN 12
agent I an SIGNATURE 5	Signature Typed or printed name of registered age OFFICERS AN STD	ers and title if applicable (NC	TE: Registered Age	nt signature requir	· · · · · · · · · · · · · · · · · · ·		
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JAN 14, 1997

813-633-1900 Daytime Phone *