

09131999-90006-045-\$550.00-\$550.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750)

99.

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J32097

Corporation Name
WILMAR PRODUCTS, INC.

Principal Place of Business

147 COUNTY RD 672
SERVIEW FL 33569

Mailing Address

728 DEBRA LYNN DR
BRANDON FL 33511-5807
US

FILED

99 OCT -4 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



9/13/99 90006 045 \$550.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business 2221 MALIBU DR. Suite, Apt. #, etc.		2a. Mailing Address 2221 MALIBU DR. Suite, Apt. #, etc.	
City & State BRANDON FL		City & State BRANDON FL	
Zip 33511		Zip 33511	
Country HILLSBORO		Country HILLSBORO	
9. Name and Address of Current Registered Agent LAWRENCE, IRVING G 112 EAST STREET SUITE A TAMPA FL 33602		10. Name and Address of New Registered Agent 81 Name James Kraja 82 Street Address (P.O. Box Number is Not Acceptable) 2221 Malibu Drive 83 84 City Brandon FL 85 Zip Code 33511	

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.

NATURE		SIGNATURE, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent Signature required when reinstating)		DATE	
OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
ST-ADDRESS	ST-DELETE	1.1 TITLE	ST-D	1.2 NAME	FRANK S. ESTES JR	1.3 STREET ADDRESS	12 GARDNER RD
ST-ZIP		1.4 CITY-ST-ZIP	DENVILLE NJ	1.5 CITY-ST-ZIP	07834	1.6 CITY-ST-ZIP	07834
ST-ADDRESS	ST-DELETE	2.1 TITLE	PD	2.2 NAME	DOUGLAS B ESTES	2.3 STREET ADDRESS	26 FAIR Street
ST-ZIP		2.4 CITY-ST-ZIP		2.5 CITY-ST-ZIP	EAST ORANGE NJ	2.6 CITY-ST-ZIP	07017
ST-ADDRESS	ST-DELETE	3.1 TITLE		3.2 NAME		3.3 STREET ADDRESS	
ST-ZIP		3.4 CITY-ST-ZIP		3.5 CITY-ST-ZIP		3.6 CITY-ST-ZIP	
ST-ADDRESS	ST-DELETE	4.1 TITLE		4.2 NAME		4.3 STREET ADDRESS	
ST-ZIP		4.4 CITY-ST-ZIP		4.5 CITY-ST-ZIP		4.6 CITY-ST-ZIP	
ST-ADDRESS	ST-DELETE	5.1 TITLE		5.2 NAME		5.3 STREET ADDRESS	
ST-ZIP		5.4 CITY-ST-ZIP		5.5 CITY-ST-ZIP		5.6 CITY-ST-ZIP	
ST-ADDRESS	ST-DELETE	6.1 TITLE		6.2 NAME		6.3 STREET ADDRESS	
ST-ZIP		6.4 CITY-ST-ZIP		6.5 CITY-ST-ZIP		6.6 CITY-ST-ZIP	

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.

SIGNATURE: Frank S. Estes Jr 973 890 2200 KE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #