

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 # J83540

(1)

1. Corporation Name

WARLOCKS M.C., INC.



Principal Place of Business

P.O. BOX 607326
ORLANDO FL 32860-7326

Mailing Address

P.O. BOX 607326
ORLANDO FL 32860-7326

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
07/21/1987

3a. Date of Last Report
07/31/1995

4. FEI Number

59-3068946

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

MYERS, STEVEN
5808 4TH STREET
LOCKHART FL 32810

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.

SIGNATURE

Signature, typed or printed name of registered agent, and title, if applicable

Printed Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MYERS, STEVEN	
STREET ADDRESS	5808 4TH STREET	
CITY - ST - ZIP	LOCKHART FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FREELAND, TOM	
STREET ADDRESS	5808 4TH STREET	
CITY - ST - ZIP	LOCKHART FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	NARDELLA, WAYNE	
STREET ADDRESS	5808 4TH STREET	
CITY - ST - ZIP	LOCKHART FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RILES, JEFF	
STREET ADDRESS	5808 4TH STREET	
CITY - ST - ZIP	LOCKHART FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MUSSELMAN, WAYNE	
STREET ADDRESS	5808 4TH STREET	
CITY - ST - ZIP	LOCKHART FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven K. Myers, Pres.

Date

Signature Print Name

CR2E034 (12/95)