## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**FILED** Jan 28 1998 8:00am Secretary of State

	1998		y .	DIVISION OF CORPORATIONS				Secretary of State			
DOCU 1. Corporati	IMENT #	K43888		(2)					., .		
FEDERAL WAREHOUSE CORPORATION #1											
Principal Plac	ce of Business	Mailing Address						#14 <b>418</b> 11 BEBEI			
	A. RIGGS JR	% STANLEY A. RIGGS JR									
P.O. BOX 3749 SARASOTA FL 34230			P.O. BOX 3749 SARASOTA FL 34230					DO NOT WRITE	E IN THIS :	SPACE	
US	. 2 0 .200	US					3. Date Incorporated or Qualified				
		,					11/07/1988				
·	Place of Business	2a. Mailing Address					4. FEI Number		<del></del>	plied For	
Suite, Apt. #, etc.			26 Suite, Apt. #, etc.					02-0424506		<del></del>	t Applicable
22			27					5. Certificate of Status Desired		\$8.75 / Fee Re	equired
23	City & State			City & State				6. Election Campaign Financing		\$5.00	
Zip				Zip Country				Trust Fund Contribution  8. This corporation owes or has pa		Added t	
24	25	•	29	13	SO.	,		Personal Property Tax due June	_	_	No I
	9. Name and A	ddress of Current l						10. Name and Address of New Re			
RI	GGS, STANLEY S	JR			81	Name		,			
5400 OCEAN BLVD UNIT 75						Street	Addre	ss (P.O. Box Number is Not Acceptal	ble)		
SARASOTA FL 34242											
					83	1					
					84	City			FL	85 Zip (	Code
11. Pursuant	to the provisions of	Sections 607.0502	and 607.1508,	Florida Statutes	the abov	e-named	corpo	ration submits this statement for the p		changing it	s registered
office or agent. I a	registered agent, or am familiar with, and	both, in the State of accept the obligation	Florida, Such ons of, Section	change was au 1 607.0505. Flori	thorized b da Statute	y the corj s.	poratio	ration submits this statement for the polynomial ration accepts. I hereby accepts the polynomial ration accepts accepts accepts.	pt the app	ointment as	registered
SIGNATURE		, -									
	Signature, typed or printed	name of registered agent		a. (NOTE:		ent signature	required	when reinstating)	DATE		
12. TITLE	n	OFFICERS AND I	DIRECTORS	DELETE	13.			ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTOR  Change	S IN 12 Addition
NAME	D RIGGS, STANL	EV A ID	,	OLLCIL	1.1 TITLE 1.2 NAME					TT Change	L. Audilion
STREET ADDRESS	5400 OCEAN				1.3 STREET	r anneres					
CITY-ST-ZIP	SARASOTA FL				1.4 CITY-5						
TITLE		•		DELETE	2.1 TITLE	), <u>4</u> ()				Change	Addition
NAME					2.2 NAME						
STREET ADDRESS					2.3 STREET	ADDRESS		× ¥	A		
CITY-ST-ZIP					2. 4 CITY -	ST-ZIP					
TITLE			:	DELETE	3.1 TITLE					Change	Addition
NAME					3.2 NAME						İ
STREET ADDRESS					3.3 STREET	ADDRESS					
CITY-ST-ZIP TITLE				DELETE	3.4. CITY-1	ST-ZIP	<del>                                     </del>	12.11.1		Change	☐ Addition
NAME			'		4. 2 NAME						
STREET ADDRESS					4.3 STREET						
CITY-ST-ZIP					4.4 CITY - S						
TITLE				DELETE	5.1 TITLE					Change	Addition
NAME					5.2 NAME					-	
STREET ADDRESS					5.3 STREET	ADDRESS					ļ
C!TY-ST-ZIP					5.4 CITY - S	T-ZIP	<u> </u>				[
TITLE				DELETE	6.1 TITLE					Change	Addition
NAME	]				6.2 NAME						
STREET ADDRESS	1				6.3 STREET	ADDRESS					
CITY-ST-ZIP					6.4 CITY - S		L	ection 119 07(3\(i) Florida Statutes I			

I nereby certify that the information supplied with this tiling does not qualify for the exemption stated in Section 119.07(3)(j), 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:

CR2E034 (10/97)