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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

FILED						
Jan 29 1998 8:00am						
Secretary of State						

W.H. A	NRCRAFT SUPPLIES, INC.					
Principal Plac	ce of Business	Mailing Address		L INDUIDIN DOL BILLIN ARRIV BIBIN BILDR HIGH BIBIN BIL		
7808 MEADOWCROFT PL. TAMPA FL 33615 US		7908 MEADOWCROFT PL TAMPA FL 33615 US		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified		
9 Principal 6	Place of Business	2a, Mailing Address		03/02/1990 4. FEI Number	Applied For	
21 THIOIPAIT	INCO OF DUSTINOSS	26. Waning Address			Not Applicable	
Suite, Apt	. #, etc.	Suite, Apl. #, etc.	· ·-···	59-3006631	\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & Sta	te	City & State		8. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the co		
24	25	29	30	Personal Property Tax due June 30.	Yes No	
	g. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registered	Agent	
	iys, walter f, iii					
	08 MEADOWCROFT PL		82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
TAMPA FL 33615			00			
			83			
Ì			84 City		85 Zip Code	
dd Duroupol	to the provisions of Continue 607.06	03 and 607 1609. Elorido Stotu	tos the above named corn	Continue submits this statement for the purpose		
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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.						
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	Signature, typed or printed name of registered ag	MACY DILL (NO)	TE: Registered Agent signature require	od when reinstating)	170	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12	
THTLE	D	DELETE	1.1 TITLE		Change Addition	
NAME	HAYS, WALTER F. III		1.2 NAME			
STREET ADDRESS	7908 MEADOWCRAFT PL		1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL		1.4 CITY - ST - ZIP			
TITLE		☐ DELETE	2.1 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS	ł		2.3 STREET ADDRESS			
CITY-ST-ZIP		DE ETE	2. 4 CITY - ST - ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME ATTECT ADDRESS			3.2 NAME			
STREET ADDRESS	i .		3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-7IP 4.1 TITLE		Change Addition	
NAME		Decell	4.1 THEE		ET comitée ET vousion	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 City-SI-ZIP			
TITLE		DELETE	51 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZiP			5.4 CITY - ST - ZiP			
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	l		6.4 CITY - ST - ZIP			
14 I hereby	cortify that the information supplied a	with this filing does not qualify t	for the evernation stated in 9	Section 119 07(3)(i) Florida Statutes, Lifurther c	portifu that the information	

I nereby 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.