FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L63644** **(3)**

1. Corporation Name

FLORIDA WIRE & RIGGING SUPPLY, INC.

Principal Place of Business	Mailing Address
4200 SOUTH HIGHWAY 17-92 P O BOX 180127 CASSELBERRY FL 32718-7127	4200 SOUTH HIGHWAY 17-92 P O BOX 180127 CASSELBERRY FL 32718-7127

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
04/03/1990	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 3320 Vineland Road	26 Post Office Box 180127
Suite, Apt. #, etc. 22 Suite E	Suite, Apt. #, etc. 27
City & State 23 Orlando Florida	City & State 28 Casselberry, Florida
Zip / Country 24 32811 / 25 USA	Zip / Country 29 32718-0127 / 30 USA

4. FEI Number: 59-2999274 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WALL, SHIRLEY E. 4200 SOUTH HIGHWAY 17-92 CASSELBERRY FL 32707	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 — NOTE: Registered Agent's signature required when changing — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	11 TITLE	☐ Change ☐ Addition
NAME	WORSWICK, RONALD J.	12 NAME	
STREET ADDRESS	1212 NORTH PARK AVE	13 STREET ADDRESS	
CITY ST ZIP	WINTER PARK FL	14 CITY ST ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	WORSWICK, RONALD J.	22 NAME	
STREET ADDRESS	1212 NORTH PARK AVE	23 STREET ADDRESS	
CITY ST ZIP	WINTER PARK FL	24 CITY ST ZIP	
TITLE	VS	31 TITLE	☐ Change ☐ Addition
NAME	WALL, SHIRLEY E	32 NAME	
STREET ADDRESS	28402 TAMMI DRIVE	33 STREET ADDRESS	
CITY ST ZIP	TAVARES FL	34 CITY ST ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	LENHART, DENNIS	42 NAME	
STREET ADDRESS	427 CORNWALL ROAD	43 STREET ADDRESS	
CITY ST ZIP	WINTER PARK FL	44 CITY ST ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	WORSWICK, DENNIS E.	52 NAME	
STREET ADDRESS	1661 LAKE SHORE DR	53 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	54 CITY ST ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	WHITE, WARREN H.	62 NAME	
STREET ADDRESS	1311 HARBOUR DE	63 STREET ADDRESS	
CITY ST ZIP	LONGWOOD FL	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Shirley E. Wall Shirley E. Wall 20 April 1995 (407) 331-5542
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0413007 FP