

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 # **L63644** (3)

1. Corporation Name

FLORIDA WIRE & RIGGING SUPPLY, INC.



Principal Place of Business

Mailing Address

**3320 VINELAND RD
E
ORLANDO FL 32811
US**

**P.O. BOX 180127
P O BOX 180127
CASSELBERRY FL 32718-0127
US**

3. Date Incorporated or Qualified

04/03/1990

3a. Date of Last Report

05/01/1995

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **CEO**
STREET ADDRESS **WORSWICK, RONALD J.**
CITY-ST-ZIP **1212 NORTH PARK AVE**
WINTER PARK FL

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **WORSWICK, DOUGLAS J.**
1.3 STREET ADDRESS **1625 GOLFSIDE DRIVE**
1.4 CITY-ST-ZIP **WINTER PARK, FL**

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **WORSWICK, RONALD J.**
CITY-ST-ZIP **1212 NORTH PARK AVE**
WINTER PARK FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VS**
STREET ADDRESS **WALL, SHIRLEY E**
CITY-ST-ZIP **28402 TAMMI DRIVE**
TAVARES FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **LENHART, DENNIS**
CITY-ST-ZIP **427 CORNWALL ROAD**
WINTER PARK FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **WORSWICK, DENNIS E.**
CITY-ST-ZIP **1661 LAKE SHORE DR**
ORLANDO FL

5.1 TITLE **VD** ☐ Change ☐ Addition
5.2 NAME **WORSWICK, DENNIS E.**
5.3 STREET ADDRESS **1661 LAKE SHORE DRIVE**
5.4 CITY-ST-ZIP **ORLANDO, FL**

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **WHITE, WARREN H.**
CITY-ST-ZIP **1311 HARBOUR DE**
LONGWOOD FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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

April 29, 1996 407-331-5542

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)