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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # L63644

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FLORIDA WIRE & RIGGING SUPPLY, INC.

| FILED |
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| May 07 1997 8:00am |
| Secretary of State |
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| | ce of Business | Mailing Address | | | I HADROOK AND BLIES HISTORIAN OF THE | | | |
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| 3320 VINELAND RD E ORLANDO FL 32811 US | | P.O. BOX 180127 | | | | | | |
| | | P O BOX 180127 CASSLBERRY FL 32718 | .DI 27 | | · | | | |
| | | U\$ | VIE | | 3. Date Incorporated or Qualific | ed 3a. Da | te of Last I | Report |
| | | | | | 04/03/1990 | 05/ | 01/1996 | |
| 2. Principal f | Place of Business | 2a. Mailing Address | | | 4. FEI Number | | | pplied For |
| 1 | | 26 | | | 59-2999274 | | N | ot Applicable |
| Suite, Apt | #, etc | Suite, Apt. #, etc. | | | | | \$8.75 | Additional |
| 2 | | 27 | | | 5. Certificate of Status Desired | لسا | Fee F | Required |
| City & Stat | le | City & State | | | 6. Election Campaign Financin | 9 | \$5.00 | May Be |
| 3 | | 28 | | | Trust Fund Contribution | | | to Fees |
| _ Zip | Country | Zip | Соли | try | 8. This corporation has liability | | | s. 199.032, |
| 4 | 25 | 29 | 30 | | Florida Statutes | Yes [| | |
| | 9. Name and Address of Curre | nt Registered Agent | | | 10. Name and Address of New | Registered . | Agent | |
| | ll, shirley e. | | 16 | Mame Shi | rlev E. Wall | | | |
| 420 | 0 SOUTH HIGHWAY 17-92 | | 8 | 2 Street Ad | dress (P.O. Box Number is Not Acce | ptable) | | |
| CAS | SSELBERRY FL 32707 | | | 310 | Melody Lane | | | |
| | | | ₹ | 33 P.O |). Box 180127 | | | |
| | | | 1 | 4 City | | | 85 Zig | Code |
| | | | ` | ~ ~~'Cas | selberry | FL | 37 | 2707 |
| 1. Pursuant | to the provisions of Sections 607.05 | 02 and 607.1508, Florida Sta | tutes, the abo | ove-named co | prporation submits this statement for tration's board of directors. I hereby a | he purpose of | changing | its registere |
| affice or agent. Fa | registered agent, or both, in the State am familiar with, and accept the oblig | e of Florida. Such change wa gations of, Section 607.0505, | is autnorized Florida Statu | by the corpor tes. | ation's board of directors. I hereby a | ccept the app | ointment a | s registered |
| _ | CI Tues | 11/11 | | | Wall, Vice President | t. An | ril 28 | 3, 1997 |
| IGNATURE. | and the second s | | | | | | | -, |
| | Styrender, typed or printed name of registered as | gent and title if applicable. (N | | | guired when reinstating) | DATE | | |
| 2. | | port and title if applicable. (ND DIRECTORS | | Agent signature red | julted when reinstating) ADDITIONS/CHANGES TO O | DATE | DIRECTO | RS IN 12 |
| | | | NOTE: Registered / | Agent signature red | guited when reinstating) | DATE | DIRECTO Change | |
| IILE | ØFFICERS AT | ND DIRECTORS | NOTE: Registered / | Agent signature req | julted when reinstating) ADDITIONS/CHANGES TO O | DATE | | |
| ITLE AME | CEO WORSWICK, RONALD J. | ND DIRECTORS | NOTE: Registered / 13, 1.1 TITL 1.2 NAM | Agent signature red E V KE W | julied when reinstating) ADDITIONS/CHANGES TO O D | DATE | | |
| ole Ame Treet address | CEO WORSWICK, RONALD J. | ND DIRECTORS | NOTE: Registered / 13, 1.1 TITL 1.2 NAM 1.3 STR | Agent Bignature red E ME EET ADDRESS 1 | ADDITIONS/CHANGES TO O D ORSWICK, DOUGLAS J. 625 GOLFSIDE DRIVE | DATE | | |
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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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNANO OFFICER OR DIRECTOR

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNANO OFFICER OR DIRECTOR

Date

Date

Date

Date

Date

Date

Date

Description

Description