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FILED
May 12 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

3. Date Incorporated or Qualified

04/03/1990

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALL, SHIRLEY E.
310 MELODY LANE
P.O. BOX 180127
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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

TITLE VD
NAME WORSWICK, DENNIS E.
STREET ADDRESS 1661 LAKE SHORE DR
CITY-ST-ZIP ORLANDO FL

☐ DELETE

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

☐ DELETE

1.1 TITLE VD
1.2 NAME WORSWICK, DOUGLAS J.
1.3 STREET ADDRESS 1625 GOLFSIDE DRIVE
1.4 CITY-ST-ZIP WINTER PARK, FL

☐ Change ☒ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby 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.

CR2E034 (10/97)