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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000024049 (6)**

1. Corporation Name
WESTRAY WAREHOUSES, INC.

Principal Place of Business	Mailing Address
3027 DAWN UNIT 211 JACKSONVILLE FL 32207 US	4020 LAVISTA CIR UNIT 211 JACKSONVILLE FL 32217-4335

3. Date Incorporated or Qualified: 03/24/1994
3a. Date of Last Report: 02/20/1996

2. Principal Place of Business: 21 4390 IMESON ROAD
Suite, Apt. #, etc.: 22
City & State: 23 JACKSONVILLE, FL
Zip: 24 32219 Country: 25 USA

2a. Mailing Address: 26 4390 IMESON ROAD
Suite, Apt. #, etc.: 27
City & State: 28 JACKSONVILLE, FL
Zip: 29 32219 Country: 30 USA

4. FEI Number: 59-3232945 ☐ 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
MITSIOS, DIMITRIOS
3677 PIZARRO RD
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent
81 Name: VARELAS, CONSTANTINE
82 Street Address (P.O. Box Number is Not Acceptable): 542 GULF STREAM CIRCLE NORTH
83
84 City: ORANGE PARK FL 85 Zip Code: 32073

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: Constantine Varelas Secretary
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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-07/30/97--01014--027
***550.00
DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP PAPPADIS, NICHOLAS P 4020 LAVISTA CIR UNIT 213 JACKSONVILLE FL 32217	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DV PAPPADIS, CONSTANTINE 4016 LAVISTA CIRCLE JACKSONVILLE, FL 32217	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS MITSIOS, DIMITRIOS 3677 PIZARRO RD JACKSONVILLE FL 32217	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DV MITSIOS, DIMITRIOS 3677 PIZARRO ROAD JACKSONVILLE, FL 32217	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	DS VARELAS, CONSTANTINE 542 GULF STREAM CIRCLE NORTH ORANGE PARK, FL 32073	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	DT LUEBKER, CHARLES T. 11001 ST. AUGUSTINE ROAD, APT 1007 JACKSONVILLE, FL 32257	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D PAPPADIS, PAUL 4020 LAVISTA CIRCLE, UNIT 207 JACKSONVILLE, FL 32219	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D PAPPADIS, EFSTATHIOS 11927 BLUE SPRUCE COURT JACKSONVILLE, FL 32223	☐ Change ☒ Addition

CR2E034 (9/96)

14. I do 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.

SIGNATURE: [illegible] VARELAS 6-24-97 904 786 8222

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SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE		2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☒ Addition	D ANDINO, LOUIS E. 4219 HARBOURWOODS ROAD, WEST JACKSONVILLE, FL 32225
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE		3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE		4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE		5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition	

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SIGNATURE: Constantine Varelas CONSTANTINE VARELAS 6-24-97 904 781 5722