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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P94000036134 (2)

WARHURST GROUP, INC.

FILED May 13 1998 8:00am Secretary of State



Principal Place of Business Mailing Address **266** Via genova 2464 VIA GENOVA APOPKA FL 32712 APOPKA FL 32712 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/09/1994 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 26 2464 Via Genova Not Applicable 59-3255752 \$8.75 Additional Certificate of Status Desired Fee Required 27 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 8. This corporation owes or has paid the current year Intangible Orange 25 ORTHOGE 29 327/ Name and Address of Current Registered Agent Personal Property Tax due June 30 ✓ Yes ☐ No 10. Name and Address of New Registered Agent STAMP, MARTIN F JR. 940 HIGHLAND AVE ess (P.O. Box Number is Not Acceptable)
Highland ave: ORLANDO FL 32803 83 City 84 Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statules, 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 are familiar with, and accept the obligations of Section 607.0505, Florida Statules. MARTIN F Stamp JR. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 TITLE WARHURST, MICHAEL V NAME 1.2 NAME 2464 VIA GENOVA 1.3 STREET ADDRESS STREET ADDRESS APOPKA FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-S1-ZIP CITY-ST-ZIP DELETE Addition Change 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition A 1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4,4 CITY - ST - ZIP CITY-ST-ZIP DELETE ___ Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - 7/P DELETE Change Addition 6.1 1ITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information indicated on this annual reproficer or director of the comblock 12 or Block 13 it charges exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

le and that my signature shall have the same legal effect as if made under oath; that I am an cute this report as required by Chapter 607, Florida Statutes; and that my name appears in