FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

-1999 ⊦



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000080232

WENDLE SHEET METAL, INC.

Principal Place of Business 335 N BUENA VISTA DRIVE LAKE ALFRED FL 33850

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

335 N BUENA VISTA DRIVE LAKE ALFRED FL 33850

FILED Jan 22, 1999 8:00am **Secretary of State**

01-22-1999 90088 019 ***150.00



Applied For

Fee Required

Not Applicable \$8.75 Additional

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

10/28/1994

59-3274174

4. FEI Number

21		Z						
City & State	e	City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 M	•
Zip	Country	Zip		Country		8. This corporation owes the current	vear Intangible	
4	25	29	30	1		Personal Property Tax.	·	□No
•	9. Name and Address of Curren		100	<u> </u>		10. Name and Address of New Reg	stered Agent	
				81	Name			
WEN	IDLE, JR R							
107 SEVILLA ST AUBURNDALE FL 33823				82 Street Ad		ddress (P.O. Box Number is Not Acceptable)		
				83				
,,,,,								
				84	City		FL 85 Zip C	ode
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office or re	to the provisions of Sections 607,050, egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such chan	ge was autho	orized by	the corporati	poration submits this statement for the pur ion's board of directors. I hereby accept the	e appointment as reg	istered
SIGNATURE		A CALL Warmer and I	MOTE, S-	istarod A	t singature requir	ed when reinstating)	DATE	
	Signature, typed or printed name of registered ager	nt and title if applicable.	(NOTE: Reg	ustered Ager	r signature requir	ADDITIONS/CHANGES TO OFFIC	·	RS IN 12
12.	VD UFFICERS AN		ELETE	1.1 TITLE		7.00.00.00.00.00.00.00	Change	Addition
TITLE	, · -	,		1.2 NAME			_ ,	_
JAME			1.3 STREET ADDRESS					
STREET ADDRESS	335 N BUENA VISTA DRIVE							
CITY-ST-ZIP	LAKE ALFRED FL 33850			1.4 CITY-ST-ZIP			Change	Addition
TRE	PD	ں ت	ELETE	2.1 TITLE			□ Gitalige	
AME	WENDLE, RAYMOND E JR			2.2 NAME				
STREET ADDRESS	107 SEVILLA STREET			2.3 STREET	TADDRESS			
CITY-ST-ZIP	AUBURNDALE FL 33823	·		2. 4 CITY-5	ST-ZIP			F77 A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
me , , , ,	STD	🗆 D	ELETE	3.1 TITLE			☐ Change	Addition
NAME	ROBERTS, DEBORAH K			3.2 NAME				
STREET ADDRESS	2208 LAKE BLUE DR NW			3.3 STREET	T ADDRESS		Service Care	147 148, 1887
#122 City-St-zip	WINTER HAVEN FL 33881			3.4. CITY-9	ST-ZIP			
MILE			ELETE	4.1 TITLE			☐ Change ∋	3 Addition
NAME .				4. 2 NAME				
STREET ADDRESS	1			4.3 STREE	T ADDRESS			
CITY-ST-ZIP	,			4.4 CITY-S	T-ZIP			
TITLE		□ □	ELETE	5.1 TITLE			☐ Change	Addition
				5.2 NAME				
				5.3 STREE	TADDRESS			
	¥0			5.4 CITY-S		•		
STREET ADDRESS	4.5,4			6.1 TITLE	-		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP		ГТп	IFI FTF					_
STREET ADDRESS CITY-ST-ZIP TITLE	ing - Maria - Maria	□ c	ELETE					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	A A A A A A A A A A A A A A A A A A A		ELET E	6.2 NAME	T ADDRESS			
STREET ADDRESS CITY-ST-ZIP TITLE	「数すってい」のです。 ないし、 MATEST		ELETE	6.2 NAME	T ADDRESS			

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, with all other like empowered.

SIGNATURE: