

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

FILED
Apr 17 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 # P95000061532 (4)

1. Corporation Name

SOUTHERN WARMUPS, INC.

Principal Place of Business

703 NW 7TH AVENUE
WILLISTON FL 32696

Mailing Address

BOX 434
WILLISTON FL 32698

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 427 MARION OAKS GOLFWAY

27 Suite, Apt. #, etc.

28 OCALA FL.

29

30

Country U.S.A.

9. Name and Address of Current Registered Agent

BROGDEN, SEAN
427 MARION OAKS GOLFWAY
OCALA FL 34473

3. Date Incorporated or Qualified

08/02/1995

4. FEI Number

NOT APPLICABLE

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

10. Name and Address of New Registered Agent

81 Name

PETER BROGDEN

82 Street Address (P.O. Box Number is Not Acceptable)

427 MARION OAKS GOLFWAY

83

84 City

OCALA

FL

85 Zip Code

34473

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

PETER BROGDEN

Apr 14/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME BROGDEN, SEAN
STREET ADDRESS 427 MARION OAKS GOLFWAY
CITY-ST-ZIP OCALA FL 34473

TITLE VP ☐ DELETE

NAME BROGDEN, PETER
STREET ADDRESS 427 MARION OAKS GOLFWAY
CITY-ST-ZIP OCALA FL 34473

TITLE S ☐ DELETE

NAME VORWERK, JOSEPH
STREET ADDRESS 480 SE 90TH STREET
CITY-ST-ZIP OCALA FL 34480

TITLE D ☐ DELETE

NAME TUTEN, RICHARD
STREET ADDRESS 1328 SE 8TH STREET
CITY-ST-ZIP OCALA FL 34471

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE PETER BROGDEN

CR2E034 (10/97)