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

**PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL DEDOOT

## **FILED** May 12 1998 8:00am Secretary of State

|                                                                                                   | 1998 Secretary of State Division of Corporations                  |                         |                    |                            |                                                                                   |                                      |                          |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------|--------------------|----------------------------|-----------------------------------------------------------------------------------|--------------------------------------|--------------------------|
| DOCU<br>1. Corporation                                                                            | MENT # P9600<br>ON NAME<br>VERINE AMELITICA                       | 0040748                 | -(9)               | n. 1/ 1/0                  |                                                                                   |                                      |                          |
| - Welverine depolition INC. P9500006                                                              |                                                                   |                         |                    |                            |                                                                                   |                                      |                          |
| Principal Plac                                                                                    | ce of Business                                                    | Mailing Address         | 3                  |                            |                                                                                   |                                      | أاسبر                    |
| 1521 OAKFIE                                                                                       | ELD DR                                                            | 1521 OAKFIELD           | DR                 |                            |                                                                                   |                                      |                          |
| BRANDON FI                                                                                        | L 33511                                                           | BRANDON FL 3            | 3511               |                            | DO NOT WRITE                                                                      | IN THIS SPACE                        |                          |
|                                                                                                   |                                                                   |                         |                    |                            | 3. Date Incorporated or Qualified                                                 | IN THIS BY NOL                       | ]                        |
|                                                                                                   |                                                                   |                         |                    |                            | 05/16/1996                                                                        |                                      |                          |
| 2. Principal Place of Business 2a. Mailing Address                                                |                                                                   |                         | ress               |                            | 4. FE - 2 40 20                                                                   | 42 -                                 | Applied For              |
| 21<br>Suite Ani                                                                                   | 26                                                                |                         |                    |                            | 57 55 1661                                                                        | \$ CR 7                              | Not Applicable           |
| 22 27                                                                                             |                                                                   |                         | , 010.             |                            | 5. Certificate of Status Desired                                                  |                                      | 5 Additional<br>Required |
| City & Sta                                                                                        | City & State City & State                                         |                         |                    |                            | 6. Election Campaign Financing                                                    | \$5.0                                | 00 May Be                |
| 23                                                                                                | 28                                                                |                         |                    |                            | Trust Fund Contribution                                                           |                                      | ed to Fees               |
| Žip                                                                                               | Country Zip Country                                               |                         |                    |                            | 6. This corporation owes or has paid the current year Intangible                  |                                      |                          |
| 24                                                                                                | 25   29   30  <br>9. Name and Address of Current Registered Agent |                         |                    |                            | Personal Property Tax due June  10. Name and Address of New Rec                   |                                      | ∐ No                     |
|                                                                                                   | 7 506                                                             | · C 72                  |                    | 81 Name                    | ,                                                                                 | ,                                    |                          |
| RICHORO / SPINNER JR.                                                                             |                                                                   |                         |                    |                            | Address (P.O. Box Number is Not Acceptable)                                       |                                      |                          |
| 816 Geteway fore                                                                                  |                                                                   |                         |                    |                            | To box Hombol is Not Acceptable                                                   |                                      |                          |
| RICHORO T SPINNER JR.<br>816 Gateway Losse<br>Tampa Florida 33613                                 |                                                                   |                         |                    | 83                         | , , , -                                                                           |                                      |                          |
| 1001911 11000133613                                                                               |                                                                   |                         |                    | 84 City                    |                                                                                   | B5 Z                                 | ip Code                  |
| 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above nar |                                                                   |                         |                    |                            |                                                                                   | FL   "                               |                          |
| office or                                                                                         | registered agent, or both, in the State                           | e of Florida. Such char | igo was authorized | by the corporal            | ioration submits this statement for the price board of directors. I hereby accept | urpose of changin<br>the appointment | as registered            |
| l .                                                                                               | () 11 ~~~                                                         | Jations of, Section 607 | USUS, Florida Stat |                            | . ()                                                                              | 14-29                                |                          |
| SIGNATURE                                                                                         | Signature, typind or printed name of registered ag                |                         |                    | Agent signature requir     | ga vagazielnsfallng)                                                              | DATE                                 | -/0                      |
| 12.                                                                                               | OFFICERS AN                                                       | ID DIRECTORS            | 13.                |                            | ADDITIONS/CHANGES TO OFFIC                                                        |                                      |                          |
| TITLE D                                                                                           | RICHURD TSP                                                       | MANUER THE              | ELETE 1.3 TO       |                            |                                                                                   | Chang                                | ge L. Addition           |
| NAME<br>STREET ADDRESS                                                                            | RICHURD TSPINNER TO DELETE  816 Gettenry da  Tampa Florida 33613  |                         | 1.2 NA             |                            |                                                                                   |                                      | [5                       |
| CITY-ST-ZIP                                                                                       | Tampa Flo                                                         | uda 3361                | 3                  | HEET ADDRESS  <br>Y-ST-ZIP |                                                                                   |                                      | از                       |
| TITLE                                                                                             |                                                                   | DELETE 2.1 TITLE        |                    |                            |                                                                                   | ☐ Chan                               | ne Addition C            |
| NAME                                                                                              |                                                                   |                         | 2.2 NA             | 2.2 NAME                   |                                                                                   |                                      |                          |
| STREET ADDRESS                                                                                    |                                                                   |                         | 2.3 ST             | REET ADDRESS               |                                                                                   |                                      |                          |
| CITY-ST-ZIP                                                                                       |                                                                   |                         |                    | IY-ST-ZIP                  |                                                                                   |                                      |                          |
| NAME                                                                                              | ☐ DELETE                                                          |                         |                    | I                          |                                                                                   | Chang                                | e Addition               |
| STREET ADDRESS                                                                                    |                                                                   |                         | 3.2 NA             | NEET ADDRESS               |                                                                                   |                                      |                          |
| CITY-ST-ZIP                                                                                       | 1                                                                 |                         |                    | Y-ST-ZIP                   |                                                                                   |                                      |                          |
| TITLE                                                                                             | ☐ DELETE                                                          |                         |                    |                            |                                                                                   | Chang                                | e Addition               |
| NAME                                                                                              |                                                                   |                         | 4. 2 NA            | ME                         |                                                                                   |                                      |                          |
| STREET ADDRESS                                                                                    |                                                                   |                         | 4.3 STF            | EET ADDRESS                |                                                                                   |                                      |                          |
| CITY-ST-ZIP<br>TITLE                                                                              |                                                                   |                         |                    | Y-ST-ZIP                   |                                                                                   |                                      |                          |
| NAME                                                                                              |                                                                   | [_] DE                  | 1.ETE 5.1 TO       | 1                          |                                                                                   | L_I Chan                             | e Addition               |
| STREET ADDRESS                                                                                    |                                                                   |                         |                    | EET ANDRESS                |                                                                                   |                                      | 0)                       |
| CITY-ST-ZIP                                                                                       |                                                                   |                         |                    | Y-ST-71P                   |                                                                                   |                                      | 5112                     |
| TITLE                                                                                             | ☐ DELETE                                                          |                         |                    |                            |                                                                                   | e Addition                           |                          |
| NAME                                                                                              |                                                                   |                         | 6.2 NAJ            | AE                         |                                                                                   | -027                                 | ľ                        |
| STREET ADDRESS                                                                                    |                                                                   |                         | 4000               | 1                          |                                                                                   |                                      |                          |
| CITY-ST-ZIP                                                                                       |                                                                   |                         | 03216              | PRINCIPAL LEG              | ***158.75                                                                         |                                      | }                        |

r neitory comity that the information supplied with this fling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplimental annual report is true and accurate and that my signature shall have the sume logal effect as if made under eath; that I am an officer or direction 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.