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

**PROFIT CORPORATION ANNUAL REPORT** 

**19**98



Block 12 or Block 13 if changed, or on an attachment with an address.

FLORIDA DEPARTMENT OF STATE

**FILED** 

May 14 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P95000065899 (3)

THE WRENCH, INC.

Principal Plac	ce of Business	Mailing Address	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
C/O WRB ENTERPRISES		C/O WRB ENTERPRISES 1414 SWAN AVENUE #201				
1414 8WAN AVENUE #201 TAMPA FL 33806				DO NOT WRI	DO NOT WRITE IN THIS SPACE	
IAMPA FL 33	1000	TAMPA FL 33606			3. Date Incorporated or Qualified	
					08/24/1995	
<del></del> '	Place of Business	2a. Mailing Address			4, FEI Number	Applied For
Suite, Apt. #, etc.		Suite Act Heate		59-3336103	Not Applicable	
22		Suite, Apt. #, etc.			5. Certificate of Status Desired	Section \$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
Zip Country		20 Country		Trust Fund Contribution	Added to Fees	
24 25		<i>Ζ</i> φ <b>29</b>	¬ '		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
-	9. Name and Address of Curren		30]		10. Name and Address of New i	
Ric	E, K B		81	Name		
1902 ARDSLEY PLACE			82	Street	Address (P.O. Box Number is Not Accept	able)
TAI	MPA FL 33629		83			
			84	City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutos, the at office or registered agent, or both, in the State of Florida, Such change was authorized					corporation submits this statement for the	
agent la	im familiar with, and accept the oblig	ations of, Section 607,0505, Flo	autnonzeo b orida Statute	y tne cor s.	poration's board of directors, I hereby acc	ept the appointment as registered
SIGNATURE	<del></del>			<b></b>		
12.	Signature, typed or printed name of registered age OFFICERS AN		E Registered Ag	ont signature	e required when reinstating)	ICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFF	Change Addition
NAME	A DODEST DI MICHADO		1.2 NAME			
STREET ADDRESS	1414 SWANN AVE #201		1.3 STREET	ADDRESS		
CITY-\$T-ZIP	TAMPA FL 33606 1.4		1.4 CiTY - 9	1- ZIP		
TITLE	۷D	DELETE 2.1				☐ Change ☐ Addition
NAME	BARTLEY K. RICE		2.2 NAME		1	
STREET ADDRESS	1414 SWANN AVE #201		2.3 STREET	ADDRESS		
CITY-ST-ZIP	TAMPA FL 33606		2. 4 CITY - ST - ZIP			
TITLE			3.1 TITLE			Change Addition
NAME	SUSIE N ADAMS		3.2 NAME			
STREET ADDRESS	1414 SWANN AVE #201		3 3 STREET	ADDRESS		
CITY-ST-ZIP			3 4. CHTY-	ST-ZIP		
TALE	T		4.1 TITLE			Change
NAME	SYLVIA SCHMIDTETTER					
STREET ADDRESS	Stight St coops		4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY - S	T- ZIP		
TITLE	D	☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME	BLANCHARD, WILLIAM M					
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP	TAMPA FL 33606	· •	5.4 CITY-S	T - ZIP		
TITLE		☐ DELETE	61 TITLE	!		Change Addition
NAME			6.2 NAME			ļ
STREET ADDRESS			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