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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** **FILED**

Mar 05 1998 8:00am

Secretary of State

DOCUMENT # P95000068457 (7)

WARLICK DEVELOPMENT COMPANY, INC.

Principal Place of Business Mailing Address 316 EAST PINE STREET 316 EAST PINE STREET ORLANDO FL 32801 ORLANDO FL 32001 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/01/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3331294 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip B. This corporation owes or has paid the current year Intangible Yes Yes 24 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WARLICK, THOMAS H 316 EAST PINE STREET Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32801 83 Zip Code 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. -2-98 SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PD DELETE Change ☐ Addition TITLE 1.1 TITLE WARLICK, THOMAS H NAME 1.2 NAME 316 EAST PINE STREET STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32801 CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Addition TITLE VSTD 2.1 TITLE ... Change NAME BENGE, TONY M JR. 2.2 NAME **316 EAST PINE STREET** STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL 32801 CITY-ST-ZIP 2.4 CITY-ST-ZIP Change DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4, CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

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

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