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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000016779 1. Corporation Name

WARREN, P.A.

Mailing Address Principal Place of Business 315 SILVER BEACH AVENUE 315 SILVER BEACH AVENUE

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90197 037 ***150.00

| | | |
|--|--|--|

| DAYTONA BEAC | CH FL 32118 | DAYTONA BEACH FL 32118 | | DO NOT WRITE IN THIS SPACE | | | | |
|---------------------|--|---|-------------------------|--|--|----------------|---------------|--|
| | | | | | 3. Date Incorporated or Qualifed | | | |
| | | | | | 02/01/1996 | | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | 4. FEI Number | | Applied For | |
| 21 | | 26 | | 59-3357855 | | Not Applicable | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certifcate of Status Desired Sequired Fee Required | | | | |
| City & State | | -City & State | | 6. Election Campaign Financing — \$5:00-May Be Added to Fees | | | | |
| Zip | Country | Zip Country | | 8. This corporation owes the current year Intangible | | | | |
| 24 | 25 | 29 30 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | □No | | | |
| | 9. Name and Address of Current | Registered Agent | | | 10. Name and Address of New Registered A | igent | | |
| WAS | DEN LOCEDII C | | 81 | Name | | | | |
| | ren, Joseph C Silver Beach Avenue | | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | TONA BEACH FL 32118 | | | 83 | | | | |
| ` | | | 84 | City | FL | 85 Zip | Code | |
| | | 4 00 The 14 00 A | 45 | | rporation submits this statement for the purpose of | changing i | te registered | |
| office or re | to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati | of Florida. Such change was auth | ionized by | the corporal | ipolation's board of directors. I hereby accept the appoin | itment as i | registered | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if conficeble (NOTE: Re | raistered Age | nt signature recur | rred when reinstating) DATE | | | |
| 12. | OFFICERS AND | | 13: | K organizatio roqui | ADDITIONS/CHANGES TO OFFICERS AN | D DIRECT | FORS IN 12 | |
| TITLE | D | ☐ DELETE | 1.1 TITLE | | | Change | | |
| NAME | WARREN, JOSEPH C | | 1.2 NAME | | | | | |
| STREET ADDRESS | 1413 NO. HALIFAX DRIVE | | 1.3 STREE | TADDRE\$S | | | | |
| CITY-ST-ZIP | DAYTONA BEACH FL 32118 | | 1.4 CITY- S | T- ZIP | | | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | | Change | e | |
| NAME | WARREN, RAYMOND M | | 2.2 NAME | | | | | |
| STREET ADDRESS | 5945 DORAVILLE DR | | 2.3 STREE | TADORESS | | | | |
| CITY-ST-ZIP | PT ORANGE FL | | 2.4 CITY- | ST-ZIP | · · | | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | | Change | e 🔲 Addition | |
| NAME | | | 3.2 NAME | | | | | |
| STREET ADDRESS | | | 3.3 STREE | TADDRESS | | | | |
| CITY-ST-ZIP | | | 34, CITY- | ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | Change | e 🗌 Addition | |
| NAME | i. | | 4 2 NAME | | | | | |
| STREET ADDRESS | | | 4 3 STREE | T ADDRESS | | | | |
| CITY-ST-ZIP | | | 4.4 CITY-S | T-ZIP | | E1 Chang | a Addition | |
| TITLE | | ☐ DELETE | 5.1 TITLE | } | | Chang | e 🗌 Addition | |
| NAME | | | 5.2 NAME | T 40000000 | | | | |
| STREET ADDRESS | | | | T ADDRESS | | | | |
| CITY-ST-ZIP | | ☐ DELETE | 5.4 CITY-S 6.1 TITLE | 1-217 | | Chang | e | |
| TITLE | | ☐ DELETE | 6.2 NAME | | | | | |
| NAME | | | | TADDOESS | | | | |
| STREET ADDRESS | Marine Service Commence | | | T ADDRESS | | | | |
| CITY-ST-ZIP . | | | 6.4 CITY-5 | I-ZIP | | | | |

14. I hereby certify that the information supplied with this filling 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, with all other like empowered.

SIGNATURE:

JOSEPHIC.