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PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000032008 (0)**

1. Corporation Name
R.S. WARNER INC.

Principal Place of Business	Mailing Address
2394 TAMIAMI TRAIL UNIT #1 PORT CHARLOTTE FL 33952	2394 TAMIAMI TRAIL UNIT #1 PORT CHARLOTTE FL 33952-3953

3. Date Incorporated or Qualified: 04/08/1996
3a. Date of Last Report:

2. Principal Place of Business
21 2401 tamiami trail
Suite, Apt. #, etc.
22 unit -A
City & State
23 Port Charlotte FL
Zip 24 33952 Country 25 U.S.

2a. Mailing Address
26 2401 tamiami trail
Suite, Apt. #, etc.
27 unit -A
City & State
28 Port Charlotte FL
Zip 29 33952 Country 30 U.S.

4. FEI Number: 65-0659319 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
BISSONETTE, RICHARD JR
2394 TAMIAMI TRAIL UNIT #1
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent
81 Name: Scott L. DeVries
82 Street Address (P.O. Box Number is Not Acceptable): 2401-A tamiami trail
83
84 City: Port Charlotte FL 85 Zip Code: 33952

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: Scott L DeVries 4/29/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BISSONETTE, RICHARD JR 167 DEERFIELD AVENUE PORT CHARLOTTE FL 33952 ☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Richard Bissonette, Jr. 2401-A tamiami trail Port Charlotte, FL 33952 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEVRIES, SCOTT L 18387 LOCKLANE AVENUE PORT CHARLOTTE FL 33948 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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: Scott L DeVries 4/29/97