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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000044030

1. Corporation Name

Dringing Blace of Business

WILMAR EQUITY CORPORATION

| Sulte, Apt. #, etc.    Sulte, Apt. #, etc.   | T III Cipal T Iac | 6 Of Dualificaa                                    | Ittidiinii giritaan aas            |               |                       |  |               |              |
|--|-------------------|--|------------------------------------|---------------|-----------------------|--|---------------|--------------|
| OS-/17/1996     OS-/17/1996     OS-/17/1996     OS-/17/1996     OS-/17/1996   OS-/17   |                   |  | n                                  |               | DO NOT WRITE IN THIS: | SPACE  |               |              |
| 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 3. City & State 3. City & State 4. Display State 5. Cartificate of Status Desired   \$8.75 Aoditional Fage Required   \$8.75 Aoditional Fage Requ |                   |  |                                    |               |                       | 3. Date Incorporated or Qualifed                       |               |              |
| Sulle, Apt. #, etc.   Sc. Certificate of Status Desired   \$8.75 Additional feature required   \$8.75 Additional fea |                   |  |                                    |               |                       | 05/17/1996   |               |              |
| Sulte, Apt. #, etc.   27   27   27   27   27   27   28   28  | 2. Principal P    | lace of Business                                   | 2a. Mailing Address                |               |                       | +  | Ap            | plied For    |
| 27 City & State  | 21                |  | 26                                 |               |                       | 59-3380660   |               |              |
| City & State   | Suite, Apt.       | #, etc.  | Suite, Apt. #, etc.                |               |                       | 5 Certificate of Status Desired                        |               |              |
| Zip   Country   Zip   Zi   | 22                |  |                                    |               |                       |  |               | <del>/</del> |
| Zip  | City & Stat       | e  | — ·                                |               |                       | 1  | ·             |              |
| 4  | 23                |  |                                    | 0             |                       |  |               | o Fees       |
| 9. Name and Address of Current Registered Agent  MCWHINNIE, WILLIAM 7192 CAMBRIDGE ST SPRING HILL FL 34606-4201  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Floridal Statutes, the above-named corporation submits this statement for the purpose of changing lis registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the approximent as registered agent, and accept the obligations of, Section 607.0505, Floridal Statutes.  SIGNATURE Signature, lyped or printed remained prequired specifications of, Section 607.0505, Floridal Statutes.  (NOTE, Replace Address (P.O. Box Number is Not Acceptable)  FL 85 Zip Code  FL 85   |                   | <del></del> 1                                      | <del> </del>                       | $\overline{}$ | ntry                  | 1  |               | □No          |
| MCW-HINNIE, WILLIAM 7192 CAMBRIDGE ST SPRING HILL FL 34606-4201  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 lits 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, in familiar with, and accept the obligations of, Section 607.0502 frorida Statutes, the above-named 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 Signature, typed or pretied name of registered agent and title if applicable. (NOTE. Registered Agent signature required when rentating)  DATE  12. OFFICERS AND DIRECTORS IN 12.  OFFICERS AND DIRECTORS IN 12.  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  PD  ORAMBRIDGE ST  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  13. TITLE  12. YOUR  STREET ADDRESS  STREET ADDRESS  TYPE CAMBRIDGE ST  13. STREET ADDRESS  STREET ADDRESS  ORY-ST-ZP  TYPE  VDS  MWCWHINNIE, WILLIAM  13. TITLE  10. Change Addition  Addition  MCWHINNIE, MARIE  22. NAME 33. STREET ADDRESS  GRY-ST-ZP  TITLE  10. DELETE 31. TITLE  10. Change Addition  NAME 33. STREET ADDRESS  GRY-ST-ZP  TITLE  10. DELETE 41. TITLE  10. Change Addition  ANAME AS A GRY-ST-ZP  TITLE  10. Change Addition  NAME STREET ADDRESS  GRY-ST-ZP  TITLE  10. DELETE 51. TITLE 52. NAME 52.  | 24                |  |                                    | 30            |                       |  |               |              |
| T192 CAMBRIDGE ST SPRING HILL FL 34606-4201  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 agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or protect name of registered agent and site if applicable  (NOTE: Registered Agent expirate when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD  MCWHINNIE, WILLIAM  12.MAME  STREET ADDRESS  CITY-51-2P  SPRING HILL FL 34606-4201  TITLE  DELETE  14. TITLE  DELETE  32. STREET ADDRESS  MCWHINNIE, MARIE  12. VDS  MCWHINNIE, WILLIAM  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. CITY-51-2P  TITLE  VDS  MCWHINNIE, MARIE  22. NAME  32. STREET ADDRESS  MCWHINNIE, MARIE  32. STREET ADDRESS  33. STREET ADDRESS  MCWHINNIE, MARIE  32. STREET ADDRESS  33. STREET ADDRESS  33. STREET ADDRESS  MCWHINNIE, MARIE  32. STREET ADDRESS  MCWHINNIE, MARIE  33. STREET ADDRESS  MCWHINNIE, MARIE  34. STREET ADDRESS  MCWHINNIE, MARIE  34. STREET ADDRESS  MCWHINNIE, MARIE  35. STREET ADDRESS  MCWHINNIE, MARIE  MCWHINNIE   |                   | 9. Name and Address of Curre                       | III Kedisteren väeur               |               | 81 Name               | to. Hame disc years of the second                      |               |              |
| T192 CAMBRIDGE ST SPRING HILL FL 34606-4201  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 agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or protect name of registered agent and site if applicable  (NOTE: Registered Agent expirate when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD  MCWHINNIE, WILLIAM  12.MAME  STREET ADDRESS  CITY-51-2P  SPRING HILL FL 34606-4201  TITLE  DELETE  14. TITLE  DELETE  32. STREET ADDRESS  MCWHINNIE, MARIE  12. VDS  MCWHINNIE, WILLIAM  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. CITY-51-2P  TITLE  VDS  MCWHINNIE, MARIE  22. NAME  32. STREET ADDRESS  MCWHINNIE, MARIE  32. STREET ADDRESS  33. STREET ADDRESS  MCWHINNIE, MARIE  32. STREET ADDRESS  33. STREET ADDRESS  33. STREET ADDRESS  MCWHINNIE, MARIE  32. STREET ADDRESS  MCWHINNIE, MARIE  33. STREET ADDRESS  MCWHINNIE, MARIE  34. STREET ADDRESS  MCWHINNIE, MARIE  34. STREET ADDRESS  MCWHINNIE, MARIE  35. STREET ADDRESS  MCWHINNIE, MARIE  MCWHINNIE   | MCV               | VHINNIE, WILLIAM                                   |                                    |               |                       |  |               |              |
| ### City FL   85 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 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, lyona or prised name of registered agent and title of applicable. (NOTE: Registered Agent segneture required when reinstating)   |                   |  |                                    |               | 82 Street Ad          | idress (P.O. Box Number is Not Acceptable)             |               |              |
| 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 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or protect name of registered agent agent agent segment resoured when resistating)   DATE  | SPR               | ING HILL FL 34606-4201                             |                                    |               | 83                    |  |               | -            |
| 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 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or protect name of registered agent agent agent segment resoured when resistating)   DATE  |                   |  |                                    |               |                       |  | 11            |              |
| office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the applications of agent. and familiar with, and accept the obligations of, Section 607.0505, Floridad Statutes.  SIGNATURE    Time  |                   |  |                                    |               | 84 City               | FL   | 85 Zip C      | code         |
| office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the applications of agent. and familiar with, and accept the obligations of, Section 607.0505, Floridad Statutes.  SIGNATURE    Time  | 11. Pursuant      | to the provisions of Sections 607.050              | 02 and 607.1508, Florida Statut    | es, the a     | bove-named co         | orporation submits this statement for the purpose of   | changing its  | registered   |
| SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD  OFFICERS AND DIRECTORS  TITLE  NAME  MCWHINNIE, WILLIAM  T192 CAMBRIDGE ST  SPRING HILL FL 34606-4201  TITLE  VDS  MCWHINNIE, MARIE  STREET ADDRESS  CITY-ST-ZIP  SPRING HILL FL 34606-4201  TOTAL  NAME  STREET ADDRESS  CITY-ST-ZIP  SPRING HILL FL 34606-4201  TOTAL  NAME  STREET ADDRESS  CITY-ST-ZIP  TOTAL  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TOTAL  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  VDS  Addition  Addition  Addition  Addition  Addition  TOTAL  TO   | office or r       | registered agent, or both, in the State            | of Florida. Such change was a      | utnonzed      | i by the corpora      | ation's board of directors. I hereby accept the appoir | ntment as reg | gistered     |
| Signature, hyped or printed name of registered agent and title of applicable. (KOTE: Registered Agents agent and title of applicable.) (KOTE: Registered Agents agent and title of applicable. (KOTE: Registered Agents agent and title of applicable.)   DATE   |                   |  | ations of, Section 667.0000, 116   | riga otat     | J. 100.               |  |               |              |
| TITLE  | SIGNATURE         | Signature, typed or printed name of registered age | ent and title if applicable. (NOTE | : Registered  | Agent signature requ  | uired when reinstating) DATE                           |               |              |
| MCWHINNIE, WILLIAM   12 NAME   13 STREET ADDRESS   7192 CAMBRIDGE ST   13 STREET ADDRESS   14 CITY-ST-ZIP   71TLE  | 12.               |  |                                    | 13.           |                       | ADDITIONS/CHANGES TO OFFICERS AN                       |               |              |
| STREET ADDRESS   T192 CAMBRIDGE ST   13 STREET ADDRESS   SPRING HILL FL 34606-4201   14 CTY-ST-ZIP   | TITLE             | PD   | ☐ DELETE                           | 1.1 TI        | TLE                   |  | Change        | ☐ Addition   |
| CITY-ST-ZIP   SPRING HILL FL 34606-4201  | NAME              | MCWHINNIE, WILLIAM                                 |                                    | 1.2 N         | AME                   |  |               |              |
| TITLE  | STREET ADDRESS    | 7192 CAMBRIDGE ST                                  |                                    | 1.3 S         | REET ADDRESS          |  |               |              |
| MCWHINNIE, MARIE   | CITY-ST-ZIP       | SPRING HILL FL 34606-4201                          |                                    | 1.4 C         | TY-ST-ZIP             |  |               |              |
| STREET ADDRESS   7192 CAMBRIDGE ST   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP  | TITLE             |  | ☐ DELETE                           | 2.1 TI        | TLE                   |  | L. Change     | ] Addition   |
| SPRING HILL FL 34606-4201   2.4 CITY-ST-ZIP   Change   Addition  | NAME              |  |                                    | 2.2 N         | AME                   |  |               |              |
| TITLE         □ DELETE         3.1 TITLE         □ Change         □ Addition           NAME         3.2 NAME         STREET ADDRESS         STREET ADDRESS         STREET ADDRESS         CITY- ST-ZIP         TITLE         □ Change         □ Addition           NAME         4.2 NAME         STREET ADDRESS         STREET ADDRESS         CITY- ST-ZIP         □ Change         □ Addition           NAME         □ DELETE         5.1 TITLE         □ Change         □ Addition           NAME         STREET ADDRESS         □ Change         □ Addition           STREET ADDRESS         5.3 STREET ADDRESS         □ Change         □ Addition  | STREET ADDRESS    |  |                                    | 2.3 \$        | TREET ADDRESS         |  |               |              |
| NAME   | CITY-ST-ZIP       | SPRING HILL FL 34606-4201                          |                                    | _             |                       |  | - (=) Chmaa n | Addition:    |
| 3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   | TITLE             |  | DELETE                             |               |                       |  | ☐ change ~    | ☐ Vogidou.   |
| 3.4. CITY-ST-ZIP     3.4. CITY-ST-ZIP  | NAME              |  |                                    |               | !                     |  |               |              |
| TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME </td <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td>ł</td> <td></td> <td></td> <td></td>   | STREET ADDRESS    |  |                                    |               | ł                     |  |               |              |
| NAME         4. 2 NAME           STREET ADDRESS         4.3 STREET ADDRESS           CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE           NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS  | CITY-ST-ZIP       |  |                                    | _             |                       |  | Change        | □ Addition   |
| STREET ADDRESS         4.3 STREET ADDRESS           CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS   |                   |  | ☐ nere≀e                           |               |                       |  | □ oueride     |              |
| CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS   |                   |  |                                    |               |                       |  |               |              |
| TITLE         DELETE         5.1 TITLE         Change Addition           NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS   | STREET ADDRESS    | }  |                                    |               | <b>I</b>              |  |               |              |
| NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS  | CITY-ST-ZIP       |  | - DELETE                           |               |                       |  | ☐ Change      | Addition     |
| STREET ADDRESS 5.3 STREET ADDRESS  |                   |  | :_ DELETE                          |               |                       |  |               |              |
| 3 INCC I NUMCESS   |                   |  |                                    |               |                       |  |               |              |
|  | STREET 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.1 TITLE

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Change

Addition

May 07, 1999 8:00 am Secretary of State

05-07-1999 90047 028 \*\*\*150.00