

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

FILED
Jun 09 1998 8:00am
Secretary of State

| | | |
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| PROFIT* CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # P97000028240 (4)

1. Corporation Name

W/D TRUSS COMPANY, INC.

Principal Place of Business

Mailing Address

6324 COUNTY ROAD 579
ONE MILE N OR I-4
SEFFNER FL 33687

6324 COUNTY ROAD 579
ONE MILE N OR I-4
SEFFNER FL 33687

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1997

4. FEI Number

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 1901 N. 13TH STREET

Suite, Apt. #, etc.

22 100

City & State

23 TAMPA, FL

Zip

24 33605

Country

25

2a. Mailing Address

26 1901 N. 13TH STREET

Suite, Apt. #, etc.

27 100

City & State

28 TAMPA, FL

Zip

29 33605

Country

30

9. Name and Address of Current Registered Agent

CAREY, MICHAEL R
100 S ASHLEY DRIVE
SUITE 1190
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 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 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

Signature: typed or printed name of registered agent (and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME STANTON, JOHN
STREET ADDRESS 6324 COUNTY ROAD 579, 1 MILE N OF I-4
CITY-ST-ZIP SEFFNER FL 33687

TITLE D ☐ DELETE
NAME HUGHES, RALPH W
STREET ADDRESS 6324 COUNTY ROAD 579, 1 MILE N OF I-4
CITY-ST-ZIP SEFFNER FL 33687

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P D ☒ Change ☐ Addition
1.2 NAME STANTON, JOHN
1.3 STREET ADDRESS 1901 N. 13TH STREET, SUITE 100
1.4 CITY-ST-ZIP TAMPA, FL 33605

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME HUGHES, RALPH W
2.3 STREET ADDRESS 1901 N. 13TH STREET, SUITE 100
2.4 CITY-ST-ZIP TAMPA, FL 33605

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

3000002552893
-06/09/98--01064--010
***150.00

CR2E034 (10/97)