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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # P97000104152

. Corporation Name

WAREHOUSE DEVELOPERS OF NORTHWEST FLORIDA, INC.

Principal Place of Business Mailing Address							- F 18831683 (18 1816) (586) (4810) 8810 (6818) (1811 4819) 6119 (
·			201 N TARRAGONA ST						
PENSACOLA FL 32501			PENSACOLA FL 32501				DO NOT WRITE IN THE SPACE		
						DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed 12/10/1997		
Principal Place of Business 2a. Mailing Address			Mailing Address					plied For	
Z. Principal P	lace of Business	-	Walling Address					t Applicable	
Suite, Apt. #, etc.		26	Suite, Apt. #, etc.				\$8.75		
Suite, Apr. #, etc.		27	_				5. Certificate of Status Desired Fee Re		
City & State			City & State				6. Election Campaign Financing \$5.00	May Be	
23			28				Trust Fund Contribution Added to		
Zip Country			Zip Counti				8. This corporation owes the current year Intangible		
25		29	9 30				Personal Property Tax.		
	9. Name and Address of Curre	nt Regist	tered Agent		_		10. Name and Address of New Registered Agent		
DELCALLO, OTEVEN D				81	1	Name			
DELGALLO, STEVEN P 1201 N TARRAGONA ST			82	1	Street Addre	Iress (P.O. Box Number is Not Acceptable)			
PENSACOLA FL 32501							·		
PENSACULA FL 32301					3				
			84	4	City	85 Zip 0	ode		
							FL FL FL FL FL FL FL FL		
11. Pursuant	to the provisions of Sections 607.05	02 and 60 of Florid	07.1508, Florida Statutes la. Such change was aut	s, the abov thorized by	ve- v th	named corpo he corporation	ration submits this statement for the purpose of changing its n's board of directors. I hereby accept the appointment as re	registered gistered	
agent. I a	m familiar with, and accept the oblig	ations of,	Section 607.0505, Flori	da Statute	S.		, , , , , , , , , , , , , , , , , , , ,		
SIGNATURE							,		
					ent s	signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	RS IN 12	
12.	OFFICERS A	ND DIKE	DELETE	13.		~	□ Change	Addition	
TITLE	SCHWEIZER, W. TODD							J	
NAME			1.2 NAME		* DD00000				
STREET ADDRESS	PENSACOLA FL 32501					ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32301		DELETE	1.4 CITY-		ZIP	Change	Addition	
TITLE			_ DECETE	2.2 NAME					
NAME						***************************************	•		
STREET ADDRESS						ADDRESS	the same of the sa		
CITY-ST-ZIP			☐ DELETE	2.4 CTTY- 3.1 TITLE		-ZIP	Change	Addition	
TITLE			_ 5222.6	3.2 NAME			_ ,	_	
NAME				8		ADDRESS		l	
STREET ADDRESS				3.4. CITY-					
CITY-ST-ZIP TITLE			[] DELETE	4.1 TITLE		* CIF	Change	Addition	
			<u></u>	4, 2 NAME					
NAME				4.3 STREET ADORESS					
STREET ADDRESS				4.4 CITY-					
CITY-ST-ZIP TITLE			☐ DELETE	5.1 TITLE		· Cir·	☐ Change	Addition	
				5.2 NAME			_ ,	_	
NAME						ADDRESS		İ	
STREET ADDRESS				5.4 CITY-			*	}	
CITY-ST-ZIP TITLE			☐ DELETE	6.1 TITLE			☐ Change	☐ Addition	
NAME			_	6.2 NAME	:			ł	
STREET ADDRESS			4			ADDRESS		Į	
U. I WELL / PEDDINESS	l .		1	-		1		1	

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 styles 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.

6.4 CITY-ST-ZIP

SIGNATURE:

TURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECT

12 Fis 79

850 40 FUYY

FILED

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90170 037 ***150.00

(2E034 (11/98)