

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra G. Monahan
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 27 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S44670** (5)

1. Corporation Name

WARNER D. CONARTON COMPANY, INC.

Principal Place of Business

524 OAKFIELD DR
BRANDON FL 33511

Mailing Address

524 OAKFIELD DR
BRANDON FL 33511

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
04/08/1991

3a. Date of Last Report
01/31/1994

4. FEI Number
59-3065649

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

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONARTON, WARNER D.
524 OAKFIELD DR
BRANDON FL 33511

CONARTON, Jerome
507 Everina Cr. So
Brandon, FL 33510

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 date if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	0
NAME	CONARTON, WARNER D.
STREET ADDRESS	1604 OAKMONT DR
CITY - ST - ZIP	BRANDON FL
TITLE	PO
NAME	CONARTON, ELLA L
STREET ADDRESS	1604 OAKMONT DR
CITY - ST - ZIP	BRANDON FL
TITLE	SS
NAME	CONARTON, JON P.
STREET ADDRESS	6224 FAIRWAY BLVD 32700
CITY - ST - ZIP	KNOXWOOD LN APOLO BEACH FL 33547
TITLE	PO
NAME	CONARTON, JEROME L
STREET ADDRESS	507 EVERINA CIRCLE SO
CITY - ST - ZIP	BRANDON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	President	☒ Change ☐ Addition
12 NAME	CONARTON, Jerome	
13 STREET ADDRESS	507 Everina Cr. So.	
14 CITY - ST - ZIP	Brandon, FL 33510	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 addendum.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed