

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000000326

**Entity Name:** M. L. WARWICK, INC.

**Current Principal Place of Business:**

2300 BETHELVIEW ROAD  
SUITE 110-342  
CUMMING, GA 30040

**FILED**  
**Feb 06, 2019**  
**Secretary of State**  
**7502991395CC**

**Current Mailing Address:**

2300 BETHELVIEW ROAD  
SUITE 110-342  
CUMMING, GA 30040 US

**FEI Number:** 58-2130304

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WARWICK, MICHAEL  
Address        2300 BETHELVIEW ROAD  
                  SUITE 110-342  
City-State-Zip: CUMMING GA 30040

Title            VP  
Name            WEEMS, BRIAN  
Address        2300 BETHELVIEW ROAD  
                  SUITE 110-342  
City-State-Zip: CUMMING GA 30040

Title            SECRETARY  
Name            WEEMS, JENNIFER  
Address        2300 BETHELVIEW ROAD  
                  SUITE 110-342  
City-State-Zip: CUMMING GA 30040

Title            TREASURER  
Name            WEEMS, SANDRA  
Address        2300 BETHELVIEW ROAD  
                  SUITE 110-342  
City-State-Zip: CUMMING GA 30040

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL WARWICK

**PRESIDENT**

**02/06/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date