FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 23 PM 12:17

DOCUMENT # **235210** **(2)**

1. Corporation Name
WAYNE DENSCH, INC.

Principal Place of Business	Mailing Address
75 WEST HOLDEN AVE. ORLANDO FL 32839-2003	75 WEST HOLDEN AVE. ORLANDO FL 32839-2003

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/07/1960**
3a. Date of Last Report: **01/25/1994**

2. Principal Place of Business 21:
2a. Mailing Address 26:
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
City & State 23:
City & State 28:
Zip 24: Country 25:
Zip 29: Country 30:

4. FEI Number: **59-0900847** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WILLIAMS, LEONARD E
75 WEST HOLDEN AVE
ORLANDO FL 32839

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mail filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~CPTD~~	11 TITLE	VSTD	☒ Change ☐ Addition
NAME	~~DENSCH, WAYNE~~	12 NAME	Williams, John	
STREET ADDRESS	~~75 W. HOLDEN AVE.~~	13 STREET ADDRESS	75 W. Holden Avenue	
CITY-ST-ZIP	~~ORLANDO, FL 00000~~	14 CITY-ST-ZIP	Orlando, FL 32839	
TITLE	~~D~~	21 TITLE	D	☒ Change ☐ Addition
NAME	~~DETZER, MARIA N~~	22 NAME	Ombres, William	
STREET ADDRESS	~~75 WEST HOLDEN AVE~~	23 STREET ADDRESS	75 W. Holden Avenue	
CITY-ST-ZIP	~~ORLANDO FL~~	24 CITY-ST-ZIP	Orlando, FL 32839	
TITLE	~~VSD~~	31 TITLE	D	☒ Change ☐ Addition
NAME	ROTH, NANCY H.	32 NAME		
STREET ADDRESS	75 W. HOLDEN AVE.	33 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 00000	34 CITY-ST-ZIP		
TITLE	~~VD~~	41 TITLE	CPD	☒ Change ☐ Addition
NAME	WILLIAMS, LEONARD E	42 NAME		
STREET ADDRESS	75 W HOLDEN AVE	43 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP		
TITLE	VD	51 TITLE		☐ Change ☐ Addition
NAME	MCCARTY, EDWARD T	52 NAME		
STREET ADDRESS	75 W HOLDEN AVE	53 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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 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: William Ombres 2-28-95 407-851-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0085317 CP