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 JAN 17 AM 11:30

DOCUMENT # 235388 (6)

1. Corporation Name
WESJAX DEVELOPMENT COMPANY

Principal Place of Business	Mailing Address
569 EDGEWOOD AVENUE SOUTH JACKSONVILLE FL 32205	569 EDGEWOOD AVENUE SOUTH JACKSONVILLE FL 32205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/12/1960
3a. Date of Last Report: 02/10/1994
4. FEI Number: 59-0900850 ☐ 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

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

9. Name and Address of Current Registered Agent

WEDEKIND, LEE D
4727 VERONA AVENUE
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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) (Both Registered Agent signature required when submitting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☐ Change ☐ Addition
NAME	BYRD, CLIFTON R.	12 NAME	
STREET ADDRESS	5340 SHORECREST DR.	13 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32210	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	WADE, NEILL G III	22 NAME	
STREET ADDRESS	154 EL TERRACE	23 STREET ADDRESS	
CITY ST ZIP	FOLKSTON GA 31537	24 CITY ST ZIP	
TITLE	ASD	31 TITLE	☐ Change ☐ Addition
NAME	MCARTHUR, D W	32 NAME	
STREET ADDRESS	5081 ORTEGA FOREST BLVD.	33 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32210	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	BREST, ALEXANDER	42 NAME	
STREET ADDRESS	1070 E ADAMS ST	43 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32202	44 CITY ST ZIP	
TITLE	PD	51 TITLE	☐ Change ☐ Addition
NAME	WEDEKIND, LEE D	52 NAME	
STREET ADDRESS	4727 VERONA AVE	53 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32210	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	CRAWFORD, JAMES	62 NAME	
STREET ADDRESS	500 WATER ST., J-600	63 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32202	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: Lee D. Wedekind Lee D. Wedekind 1/10/95 (904)388-3565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014660 CP

WESJAX DEVELOPMENT COMPANY

Additional Officers & Directors

D
John H. Pace, Jr.
1909 Salt Myrtle Lane
Orange Park, FL 32073