FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **04/12/1960**	3a. Date of Last Report: **01/17/1995**
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 / Country 24 / 25	Zip / Country 29 / 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

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: Lee D Wedekind DATE: 1/18/96
Signature required for printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	BYRD, CLIFTON R.		1.2 NAME	D.W. McArthur, III	
STREET ADDRESS	5340 SHORECREST DR.		1.3 STREET ADDRESS	4835 Arapahoe Ave.	
CITY-ST-ZIP	JACKSONVILLE FL 32210		1.4 CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WADE, NEILL G III		2.2 NAME		
STREET ADDRESS	154 EL TERRACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	FOLKSTON GA 31537		2.4 CITY-ST-ZIP		
TITLE	ASD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MCARTHUR, D W		3.2 NAME		
STREET ADDRESS	5081 ORTEGA FOREST BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32210		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BREST, ALEXANDER		4.2 NAME		
STREET ADDRESS	1070 E ADAMS ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32202		4.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WEDEKIND, LEE D		5.2 NAME		
STREET ADDRESS	4727 VERONA AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32210		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CRAWFORD, JAMES		6.2 NAME		
STREET ADDRESS	500 WATER ST., J-800		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32202		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 — 1/18/96 — (904)388-3565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #