

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED**

**95 MAY -1 PM 1:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # 353054 (0)**  
1. Corporation Name  
**WADSETTER CORP**

Principal Place of Business      Mailing Address  
**5 SHADOW LANE                      5 SHADOW LANE  
MAITLAND FL 32751                  MAITLAND FL 32751**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**09/30/1969                                  04/18/1994**

2. Principal Place of Business      2a. Mailing Address  
21    26

4. FEI Number      Applied For  
**59-1303031                                  Not Applicable**

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22    27

5. Certificate of Status Desired       **\$8.75 Additional  
Fee Required**

City & State      City & State  
23    28

6. Election Campaign Financing       **\$5.00 May Be  
Trust Fund Contribution                  Added to Fees**

Zip      Country      Zip      Country  
24                                  25                                  29                                  30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEWART, PIERRE L.  
1412 E. ROBINSON ST.  
ORLANDO FL 32801**

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 title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>
NAME	<b>BANKS, E.G.</b>
STREET ADDRESS	<b>5 SHADOW LANE</b>
CITY - ST - ZIP	<b>MAITLAND FL</b>
TITLE	<b>S</b>
NAME	<b>BANKS, GERALD F.</b>
STREET ADDRESS	<b>2201 GILLS CT</b>
CITY - ST - ZIP	<b>MAITLAND FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>2201 Gillis Ct</b>
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(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 address.

SIGNATURE: *E. N. Banks*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jan. 17, 1994*      407-644-0692  
Date      Telephone #