## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

WAYNE F. FINGER, INC.

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G66265

(1)

8265

Mailing Address

FILED
May 20 1998 8:00am
Secretary of State



PRES. WAYNE F. FINGER 4/2498 676 0296

2425 HWY 60 E. P.O. BOX 131 LAKE WALES FL 33853 LAKE WALES FL 33859-0131 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u> 10/25/1983</u> 2. Principal Place of Business 2a. Mailing Address Applied For 26 59-2348507 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FINGER, WAYNE F. 2425 HWY 60 E. 82 Street Address (P.O. Box Number is Not Acceptable) LAKE WALES FL 33853 84 City Zip Code 85 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 diapplication (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change NAME FINGER, WAYNE F 1.2 NAME STREET ADDRESS 2425 HWY 60 E. 1.3 STREET ADDRESS LAKE WALES FL 33853 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE TITLE 2.1 TITLE ☐ Change Addition FINGER, MICHELLE M. 2.2 NAME STREET ADDRESS 2425 HWY 60 E. 2.3 STREET ADDRESS CITY-ST-ZIP LAKE WALES FL 33853 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing 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 proof of 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 formation or the receiver or trusce empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if dharfyed, or on an attachment within address.