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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # L39182

1. Corporation Name

WAINWRIGHT JUDICIAL, INC.

FILED Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90028 035 ***150.00



| | | | | | _ | | | | | |
|--|--------------------------------|----------------------|----------------------|----------|--------------|--|----------------|-------------|-----------------|---------|
| Principal Place of Business Mailing Address | | | | | | , , , , , , , , , , , , , , , , , , , | | | | |
| 839 EAST PARK AVENUE 839 EAST PARK AVENUE | | | | | | _ | | | | |
| TALLAHASSEE | FL 32301 | TALLAHASSEE FL 32301 | TALLAHASSEE FL 32301 | | | DO NOT WRITE IN THIS SPACE | | | | |
| | | | | | | 3. Date Incorporated or Qualifed | L 111 // 110 (| JI AOL | - | |
| | | | | | | 12/29/1989 | | | | |
| 5 5 : 10 | | 2n Mailing Address | | | | 4. FEI Number | | | Applied Fo | |
| | ace of Business | 2a. Mailing Address | ⊢ | | | ~~ ~~~ | | | Not Applica | |
| 21 | # oto = : | Suite, Apt. #, etc. | | | | 39-2900 140 | | | 5 Additiona | —— |
| Suite, Apt | #, etc. | | 27 | | | 5. Certifcate of Status Desired | | | Required | " |
| City & State | N | | City & State | | | 6. Election Campaign Financing | | | 0 May Be | |
| | • | 28 | | | | Trust Fund Contribution | | | ed to Fees | |
| Zip | Country | Zip Country | | | | This corporation owes the current | ent vear Inta | | * | |
| | 25 | <u> </u> | 0 | , | | Personal Property Tax. | | Yes | □No | |
| | 9. Name and Address of Current | | <u>''</u> | | | 10. Name and Address of New R | | | | |
| | V. Haire and Addiosa of Odisch | rrogiotorea Again | 8 | 31 | Name | | | | | |
| WAIN | iwright, louie L Sr. | | L | \perp | | | | | | |
| 839 EAST PARK AVENUE | | | 8 | 32 | Street Addre | ss (P.O. Box Number is Not Accepta | ble) | | | ļ |
| SUITE A | | | | 33 | | | | | | |
| | AHASSEE FL 32301 | | 1 | " | | | | | | 1 |
| ,,,,,,, | WINTOOLE IE OLSO! | | 8 | 34 | City | | FL | 85 Zi | ip Code | |
| | | | | | | | | <u> </u> | ita ragiatas | od |
| 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 - 3. A SIGNAT | | | | | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature) | | | | | | | DATE | | | |
| 12. | OFFICERS AND DIRECTORS | | 13. | | | ADDITIONS/CHANGES TO OF | ICERS AND | | | |
| TITLE | PD | ☐ DELETE | 1.1 TITLE | E | | | | ☐ Chang | ge □Ad | id/John |
| NAME | WAINWRIGHT, LOUIE L SR. | | 1.2 NAM | E | | | | | | |
| STREET ADDRESS | | | | EETAL | DORESS | | | | | ļ |
| CITY-ST-ZIP | TALLAHASSEE FL 32301 | | 1.4 CITY | /- ST- Z | ZIP | | _ | | | |
| TITLE | VSD | ☐ DELETE | 2.1 TITL | E | | | | Chang | ge ☐ Ad | dition |
| NAME | MITCHELL, ANABEL P | | 2.2 NAM | Œ | | | | | | |
| STREET ADDRESS | 839 EAST PARK AVENUE | ي مهاميات سي | 2.3 STRE | EET AL | DDRESS . | 4 F | - | | - | - |
| CITY-ST-ZIP | TALLAHASSEE FL 32301 | | 2. 4 CITY- | | ZIP _ | | | | | |
| TILE | TD | | | E | | | | ☐ Chang | ge ∐ Ad | dition |
| NAME | WAINWRIGHT, LOUIE L JR. | | 3.2 NAME | | | | | | | |
| STREET ADDRESS | 839 EAST PARK AVENUE | | 3.3 STREE | | DDRESS | | | | | |
| CITY-ST-ZIP | TALLALIA COPP PL GOODA | | 3.4. CITY | Y-\$T-2 | ZIP | | | | | |
| TITLE | | ☐ DELETE | 4.1 TITL | | | | | Chang | ge [∏Ad | ldition |
| NAME | | | 4. 2 NAN | ۸E | | | | | | |
| STREET ADDRESS | | | 43 STRI | EET A | DDRESS | | | | | |
| | | | 4.4 CITY | | | | | | | ļ |
| CfTY-ST-ZIP TITLE | ···· | ☐ DELETE | 5.1 TITLE | | | | | Chang | ge □ Ad | ldition |
| NAME | | | 5.2 NAME | | | | | _ | | - |
| STREET ADDRESS | | | 5.3 STREE | | DDRESS | | | | | 1 |
| ''' | | | 5.4 CITY | | 1 | | | | | Ì |
| CITY-ST-ZIP | | □ DELETE 6.1 | | | | ······································ | | Chang | ge ∐ Ad | ldition |
| l. 1 | | | 6.2 NAM | IÉ. | | | | _ • | _ | |
| NAME | | | | | DDRESS | | | | | |
| STREET ADDRESS | | | 6.4 CITY | | | | | | | |

14. I hereby 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 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, with all other like in provided in the corporation 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, with all other like in the corporation of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607.