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95 JUN 12 PM 3: 02

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**700001513937
-06/15/95--01056--013
***225.00 ***225.00**

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P16155 (4)

1. Corporation Name
WASIK SALES, INC.

Principal Place of Business Mailing Address

**4876 SAUNDERS SETTLEMENT ROAD
LOCKPORT NY 14094** **4876 SAUNDERS SETTLEMENT ROAD
LOCKPORT NY 14094**

3. Date Incorporated or Qualified 3a. Date of Last Report
09/29/1987 **05/26/1994**

4. FEI Number Applied For
16-0462322 16-0962322 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 **1970 S. Lecanto Hwy** 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 **Lecanto, Florida** 28

Zip Country Zip Country

24 **34460-073** 25 **Citrus** 29 30

9. Name and Address of Current Registered Agent

**WASIK, MARVIN
8060 N WILEY POST WAY
HERNANDO FL 32642 34442**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City 85 Zip Code

FL

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) Registered Agent signature required when registering (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASIK, MARVIN	1.2 NAME	
STREET ADDRESS	8060 N WILEY POST WAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	HERNANDO FL	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASIK, RICHARD	2.2 NAME	
STREET ADDRESS	6532 DALE ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEWFANE NY	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASIK, JOHN	3.2 NAME	
STREET ADDRESS	4973 SAUNDERS SETTLEMENT	3.3 STREET ADDRESS	
CITY - ST - ZIP	LOCKPORT NY	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASIK, GEORGE	4.2 NAME	
STREET ADDRESS	4876 SAUNDERS SETTLEMENT	4.3 STREET ADDRESS	
CITY - ST - ZIP	LOCKPORT NY	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(b), 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: *M. Wasik* *5-30-95* *904-746-4880*

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

Marvin Wasik, President