

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 # **V49738** (0)

1. Corporation Name

WAGGONER & DANSBY, P.A.



Principal Place of Business

**203 NORTHEAST EIGHTH AVENUE
OCALA FL 34470
US**

Mailing Address

**203 NORTHEAST EIGHTH AVENUE
OCALA FL 34470
US**

2. Principal Place of Business

21 **420 SE 8th St.**
Suite, Apt. #, etc.

22 City & State

23 **Ocala, FL**

24 Zip **34471**

Country

25 **USA**

2a. Mailing Address

26 **420 SE 8th St.**
Suite, Apt. #, etc.

27 City & State

28 **Ocala, FL**

29 Zip **34471**

Country

30 **USA**

3. Date Incorporated or Qualified
07/09/1992

3a. Date of Last Report
03/29/1995

4. FEI Number
59-3130844

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**WAGGONER, CARY G.
203 NORTHEAST EIGHTH AVENUE
OCALA FL 34470**

81 Name

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

420 SE 8th St.

83

84 City

Ocala

FL

85 Zip Code

34471

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

12. OFFICERS AND DIRECTORS

TITLE
NAME

**D
WAGGONER, CARY G.
4801 SW FIRST TERR
OCALA FL**

☐ DELETE

TITLE

**D
DANSBY, STACI L.
5972 S.E. 122ND PLACE
BELLEVUE FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-ST-ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY-ST-ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY-ST-ZIP

**PO Box 65
Eastlake Weir, FL 32133**

SIGNATURE: *Staci Dansby*
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

Staci Dansby Secretary

1/23/96

352-620-2300