DATIONADE	Aon, 12 32117 00				
FEI Number: 59-3334485			Certificate of Status Desired: No		
Name and Ad	dress of Current Registered Agent:				
DAYTONA BEAC	REET SUITE 310	g its registered office or re	egistered agent, or both, in the Sta	ate of Florida.	
SIGNATURE:	CARLEEN ASHBY LEFFLER			05/12/2020	
	Electronic Signature of Registered Agent			Date	
Officer/Direct	or Detail :				
Title	CO-TRUSTEE	Title	CO-TRUSTEE		

Title	CO-TRUSTEE	Title	CO-TRUSTEE
Name	NICASTRO, CARLEEN ASHBY	Name	LEFFLER, CHARLES WIGHT
Address	1765 RIDGE AVENUE	Address	11 CLIFFVIEW LANE
City-State-Zip:	DAYTONA BEACH FL 32117	City-State-Zip:	ORMOND BEACH FL 32174

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CARLEEN A. NICASTRO

Electronic Signature of Signing Officer/Director Detail

CO-TRUSTEE

05/12/2020

Date

# FILED May 12, 2020 **Secretary of State** 3928561728CC

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000067234

Entity Name: WAF-MESA, INC.

### **Current Principal Place of Business:**

1765 RIDGE AVENUE DAYTONA BEACH, FL 32117

## **Current Mailing Address:**

1765 RIDGE AVENUE DAYTONA BEACH. FL 32117 US

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