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Feb 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 006756

(1)

1. Corporation Name

N.G. WADE INVESTMENT COMPANY



Principal Place of Business

569 EDGEWOOD AVE SOUTH  
JACKSONVILLE FL 32205

Mailing Address

P. O. BOX 6937  
JACKSONVILLE FL 32236-6937

3. Date Incorporated or Qualified

06/27/1914

3a. Date of Last Report

04/24/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCARTHUR, D W  
569 EDGEWOOD AVE SOUTH  
JACKSONVILLE FL 32205

81

Name

D. W. MC. ARTHUR III

82

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

569 EDGEWOOD AVE SOUTH

83

84

City

JACKSONVILLE

FL

85

Zip Code  
32205

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

D. W. MC. ARTHUR III

2-5-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VSTD ☐ DELETE

NAME MC ARTHUR, D W III  
STREET ADDRESS 4835 ARAPAHOE AVENUE  
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME WADE, JOSEPH R.  
STREET ADDRESS 489 MAYHAW RD.  
CITY-ST-ZIP LEESBURG GA

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☒ DELETE

NAME MCARTHUR, D W  
STREET ADDRESS 4835 ARAPAHOE AVE  
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE ☐ Change ☐ Addition

TITLE PD ☐ DELETE

NAME MCARTHUR, W A  
STREET ADDRESS 3844 TIMUQUANA ROAD  
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D. W. MC. ARTHUR III

2-5-97

904 388 3561

Date

Daytime Phone

CR2E034 (9/96)