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Jul 29 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 # 007904 (6)
1. Corporation Name
THE BAGGETT-WETHERBY COMPANY

Principal Place of Business
736 S BEACH ST
PO BOX 2657
DAYTONA BEACH FL 32114-5443

Mailing Address
P.O. BOX 2657
DAYTONA BEACH FL 32115-2657
US



| | | | | | |
|--------------------------------|--|------------------------|--|---|--------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 11/29/1916 | 05/01/1996 |
| 22 City & State | | 27 City & State | | 4. FEI Number | Applied For |
| 23 Zip | | 28 Zip | | 59-0152173 | Not Applicable |
| 24 Country | | 30 Country | | 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 | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

BAGGETT, WILMANS B
736 S BEACH ST
DAYTONA BEACH FL

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| FL 85 Zip Code |

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 _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------|---|---|
| TITLE | ST | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEWIS, D | 1.2 NAME | |
| STREET ADDRESS | 220 S RIDGEWOOD AVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | DAYTONA BEACH, FL 00000 | 1.4 CITY-ST-ZIP | |
| TITLE | PO | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BAGGETT, WILMANS B | 2.2 NAME | |
| STREET ADDRESS | 736 S BEACH ST | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | DAYTONA BEACH, FL 00000 | 2.4 CITY-ST-ZIP | |
| TITLE | V | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BAGGETT, B | 3.2 NAME | |
| STREET ADDRESS | 736 S BEACH ST | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | DAYTONA BEACH, FL 00000 | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 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: _____ 01/10/97 9001 265-8487

CR2E034 (9/96)