FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

NAME

STREET ADDRESS

Block 12 or Block 13 if changed

CITY-ST-ZIP

FILED Jun 04 1998 8:00am **PROFIT** LLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #
1. Corporation Name 150299 (6)W.L.B., INC. Principal Place of Business Mailing Address 1825 N. YOUNG BLVD. 1825 N. YOUNG BLVD. CHIEFLIND FL 32626 CHIEFLND FL 32626 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/04/1947 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-0575613 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible ☐ No 24 25 Yes 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BAYNARD, OWEN F 1825 N. YOUNG BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) CHIEFLIND FL 32626 83 84 City 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. Signalure: typed or printed name of regularized agent and title if applicable (NOT) Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. STD DELFTE TITLE 1.1 TITLE Change Addition **BAYNARO. ELEANOR** NAME 1.2 NAME 1825 N. YOUNG STREET **STREET ADDRESS** 1.3 STREET ADDRESS CHIEFLNO FL 32626 CITY-ST-ZIP 1.4 CITY - ST - 7IP PD DELETE TITLE 2.1 TITLE Change Addition BAYNARD, OWEN F 2.2 NAME 1825 N. YOUNG STREET STREET ADDRESS 2.3 STREET ADDRESS CHIEFLND FL 32626 CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE TITLE Change 31 TITLE Adon NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ■ Addition TITLE Change 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHTY - ST- ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City-ST-ZIP OFTETE TITL€ 6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

64 CITY-S1-ZIP Thereby 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 supplied enter 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 of the cor