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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

172099

(4)

WLOLI	EY OF FLORIDA INC											
Principal Place of 4401 EMERS SUITE 2			ling Address 4401 EMERSON S SUITE 2 JACKSONVILLE FL									
UNUNCONTIL	act it water							3. Date Incorporated or Or 01/28/1953	ualified	3a. Dat	e of Last F 02/20/1	
2. Principal Plac	ce of Business	2a.	Mailing Address					4. FEI Number		. 		Applied For
11		26						59-0695334			[]	Not Applicable
Suite, Apt. #	, etc.	27	Suite Apt. #, etc.					5. Certificate of Status De-	sired		+	Additional Required
City & State	/a		City & State					Flection Campaign Fina Trust Fund Contribution	_			May Be d to Fees
Ζφ	Country		Zip	Co	untry			8. This corporation has lia	bility for i	ntangible i	tax under s	199.032,
24	25	29		30				Florida Statutes	☑ Yes	□ No		
	9. Name and Address of Currer		ered Agent		1			10. Name and Address o	f New R	egistered	l Agent	
					81	Name)					
CHEATWOOD,J D 1006 ALHAMBRA DR S						Stree	t Addre	ess (P.O. Box Number is Not A	Acceptab	le)		····
	ONVILLE FL				83						 ,	
					84	City				FI	85 Z	p Code
or registere familiar with	o the provisions of Sections 607,0500 d agent, or both, in the State of Flori n, and accept the obligations of Sect	ida Such stion 607.0	change was autho 9505, Florida Statu	prized by the ites.	corp	oration'	s board	d of directors. Thereby accept	the app	ointment a	is redisible	- ogo ic · c
familiar with	n, and accept the obligations of Sections	ition burit standthe La	ornake	NOTE SEASON	- 1 Agen			when renstating		DATE		
signature	n, and accept the obligations of Sec signal in the discrete or the energy tree to per OFFICERS AN	ition burit standthe La	or-sale TORS	NOTE SUPERM	- 1 Agen					DATE		
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4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 Brock 13 of changed or on an attachment with an address.

SIGNATURE:

SIGNITURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/11 904 396-2155

CR2E034 (12/9