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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 172099

(4)

WESLEY OF FLORIDA INC

CITY - ST - ZIP

SIGNATURE:

Principal Place 4401 EMERSON SUITE 2 JACKSONVILLE	I ST.	Mailing Address 4401 EMERSON ST. SUITE 2 JACKSONVILLE FL 32207-4954									
							3. Date Incorporated or Qualified 01/28/1953		ate of Last Re 18/1996	eport	
	lace of Business	2a. Ma ling Address					4. FEI Number	<u> </u>		oplied For	
Suite, Apt.	± oto	Suite Apt. #, etc.					59-0695334		\$8.75 A	ot Applicable	
22	# ₁ G(C)	27					5. Certificate of Status Desired		Fee Re		
City & State		City 8 State				6. Election Campaign Financing		\$5.00	May Be		
23		28 Country				Trust Fund Contribution	7	Added t			
Ζφ 24	Country 25	2 (p	29 30				B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
67	9. Name and Address of Curren		1001	Τ			10. Name and Address of New Re				
CHE	ATWOOD,J D			81	Nar	ne					
	ALHAMBRA DR S		82 Street Addr			et Addre	ess (P.O. Box Number is Not Acceptal	ole)			
JACI	KSONVILLE FL			83							
				84	City	1		FL	85 Zip (Code	
office or r	to the provisions of Sections 607,050 registered agent, or both, in the State in familiar with, and accept the oblight Stand for purchasizations of registerical agreements.	e of Florida Such change wa ations of Section 607.0505,	is authori: Florida S	zed by tatutes	/ the o	corporati	oration submits this statement for the pon's board of directors. If hereby acce	ourpose o	of changing it pointment as	s registered registered	
12.		ID DIRECTORS	1:		J. L. Digita		ADDITIONS/CHANGES TO OFFI		D DIRECTOR	RS IN 12	
1 IFt	PD			1.1 TITLE			**************************************		Change	Addition	
NAME	CHEATWOOD,J D	1.23		1.2 NAME							
STREET ADDRESS	1006 ALHAMBRA DR S.			STREET		SS					
CHY-S1-ZII TiTLE	JACKSONVILLE FL VDS	DELETE		CITY - S	T-ZIP				Change	Addition	
NAME	CHEATWOOD, DORIS, P				2.2 NAME						
STREET ADDRESS	1006 ALHAMBRA DR S.		2.3	STREET	ADDRE	SS					
CHY-SI-ZIP	JACKSONVILLE FL		2.	4 CITY-	ST-ZIP		144				
TITLE		L DELETE	1	TITLE					L Change	Addition	
NAME CTEET: ADDROLOG				NAME							
STREET ACORESS	,			3 STREET		SS					
CHY-ST-ZIP TITLE		DELETE		4. CITY-: 1 Title	S -2#	_			Change	Addition	
NAME	· ·		4,	2 NAME							
STHEET ADDRESS			4.0	3 STREET	ADDR8	.ss					
CITY-ST-ZIP				4 CITY-S	ST-ZIP		······································				
TITLE		☐ DELETE		1 TITLE					Change	Addition	
NAMÉ				2 NAME							
STREET ADDRESS			•	3 STREET		SS					
City - ST - 7IP TITLE		DELETE		4 CITY - S 1 TITLE	51-ZIP				☐ Change	Addition	
NAM:				2 NAME							
STREET ADDRESS				3 STREET	I ADDRE	iss					

64 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 131 changed, or on an attachment with an address.