

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 12:23

DOCUMENT # 193622 (8)

1. Corporation Name

WES-CORNO INVESTMENTS, INCORPORATED

Principal Place of Business

605 W. ASHLEY STREET
JACKSONVILLE FL 32202

Mailing Address

605 W. ASHLEY STREET
JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/04/1956	3a. Date of Last Report 03/24/1994
4. FEI Number 59-6079885	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fees 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 ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. State Apt # etc	26. State Apt # etc
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

SMALL, N.D.
605 WEST ASHLEY ST.
JACKSONVILLE FL 47147

10. Name and Address of New Registered Agent

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

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 reappointing

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SRA	1.1 TITLE	☐ Change ☐ Addition
NAME	SMALL, N D	1.2 NAME	
STREET ADDRESS	605 W ASHLEY STREET	1.3 STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE, FL 00000	1.4 CITY, ST, ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	RICHARDSON, LEON	2.2 NAME	
STREET ADDRESS	1178 KINGS ROAD	2.3 STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE, FL 00000	2.4 CITY, ST, ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	ISZARD, JERRY JR	3.2 NAME	
STREET ADDRESS	1179 W. 9TH STREET	3.3 STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE FL	3.4 CITY, ST, ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	RICHARDSON, F.D. III	4.2 NAME	
STREET ADDRESS	1188 W NINTH ST	4.3 STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE FL	4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 Block 13 if changed, or on an attachment with an address.

SIGNATURE: *N. D. Small* N.D. SMALL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/95 (904) 354-0710
Date (Type or Print Name)