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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 215719

(6)

W.B.S. CORPORATION

Principal Place of Business Mailing Address						- I Yudhin irran ilodi dirii ibuda irang puit dirii bidhi didii dirii dirii dirii dirii			
2500 AIRPORT ROAD NAPLES FL 33962 2500 AIRPORT ROAD NAPLES FL 34112-4883									
						3. Date Incorporated or Qualified 09/24/1958		oate of Last Ri 104/1996	eport
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21		26				59-1258239			t Applicable
Suite, Apt. # etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired		\$8.75 A	
City & State	9	City & State	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Cou	ntry	/	8. This corporation has liability for in	ntangibli	e tax under s.	199.032,
24	25 29 30		30		Florida Statutes Yes 📈 No				
9. Name and Address of Current Registered Agent						10. Name and Address of New Reg	latered	Agent	
	NE, WILLIAM B			81	Name				
2358 PINEWOODS CIRCLE				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
NAPL	LES FL 33942			83			,, <u></u>		
				84	City			an 7in	<u> </u>
				64	City		FL	_ 85 Zip (Code
office of re	to the provisions of Sections 607.050 egistered agent, or both, in the Stato m familiar with, and accept the oblig	of Florida. Such change was	authorize	d by	y the corporati	oration submits this statement for the proof on's board of directors. I hereby accep	urpose of the ap	of changing it pointment as	s registered registered
SIGNATURE									
	Signature: typical or printed name of registerior ag			d Age	ent signature require		DATE		20.111.15
12.	OFFICERS AN	ID DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFIC	EHS AN	Change	Addition
TITLE	STONE, WILLIAM B	☐ DELCTE	1.1 71					Change	L ADDITION
NAME	2358 PINEWOODS CIRCLE		1.2 N						
STREET ADDRESS	NAPLES FL		1		T ADDRESS				
CITY-ST-ZIP TITLE	VSD	DELETE			ST-ZIP			Change	Addition
	MOORMAN, MARDI S.		2111					LT Change	
NAME	1205 WHIPPOORWILL LANE		22 N		T ADDOCAC				
STREET ADDRESS	MADI EC EI				T ADDRESS				
TITLE		DELETE	3.1 T)		ST-ZIP			Change	Addition
HAME			3.2 N						1,000,00
STREET ADDRESS					T ADDRESS				
CITY-\$1 Z02					ST-ZIP				
TITLE		☐ DELETE	4.1 TI					Change	Addition
NAME.			4. 2 N	IAME					
STREE" ADDRESS			4.3 S1	TREET	T ADDRESS				I
CITY+ST-ZIP			4.4 CI	TY-5	ST-ZIP				
TITLE		DELETE	5.1 Ti					Change	Addition
NAMÉ			5.2 N	AME					ļ
STREET ADDRESS			53S	TREET	T ADDRESS				Ì
CHTY \$1-712			5 4 CI	ITY-5	ST-ZIP				
TITLE	/ Link	DELETE	61 TI	TLE				Change	Addition
NAME	6		62 N/	AME					
STREET ADDRESS			6.3 \$	TREET	T ADDRESS				

6.4 CITY - ST - ZIP

SIGNATURE:

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.

FILED

Jan 28 1997 8:00am

Secretary of State