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APPROVED
AND
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CORPORATION
ANNUAL REPORT
1995



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

95 MAR 14 AM 10:50

DOCUMENT # 317096 (6)

1. Corporation Name
W-P-C INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
37737 BOUGAINVILLE AVE
DADE CITY FL 33525
US

Mailing Address
37737 BOUGAINVILLE AVE
DADE CITY FL 33525
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/23/1967
3a. Date of Last Report 02/25/1994

4. FEI Number 59-1207664
Applied For ☐
Not Applicable ☒

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAIN, W.P. JR.
101 E BOUGAINVILLE AVE
DADE CITY FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV
NAME CAIN, W.P. III
STREET ADDRESS 101 E BOUGAINVILLE AVE
CITY-ST-ZIP DADE CITY, FL 00000

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 37737 BOUGAINVILLE AVE
1.4 CITY-ST-ZIP 33525

TITLE PD
NAME CAIN, W.P. JR.
STREET ADDRESS 101 E BOUGAINVILLE AVE
CITY-ST-ZIP DADE CITY, FL 00000

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 37737 BOUGAINVILLE AVE
2.4 CITY-ST-ZIP 33525

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS DTS BARBARA ANN CARSON
3.4 CITY-ST-ZIP 37612 DIXIE AVE
DADE CITY, FL. 33525

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 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 Block 13 if changed or on an attachment with an address.

SIGNATURE: W.P. CAIN JR. W.P. CAIN JR 3/10/95 904-567-3014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR