

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. McGraw Secretary of State DIVISION OF CORPORATIONS
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**APPROVED
AND
FILED**

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 392207 (7)
1. Corporation Name THE WAMSLEY COMPANY

Principal Place of Business 200 NORTH BUMBY AVE ORLANDO FL 32803	Mailing Address 200 NORTH BUMBY AVE ORLANDO FL 32803
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 12/06/1971	3b. Date of Last Report 04/27/1994
4. FEI Number 59-1371058		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		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No			

9. Name and Address of Current Registered Agent WAMSLEY, OLIVE H. 200 N. BUMBY AVE. ORLANDO FL 32803		10. Name and Address of Now Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 the corporation) (NOTE: Registered Agent signature required when removing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	12 NAME	
CITY- ST- ZIP		13 STREET ADDRESS	
		14 CITY- ST- ZIP	
TITLE	NAME	21 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	22 NAME	
CITY- ST- ZIP		23 STREET ADDRESS	
		24 CITY- ST- ZIP	
TITLE	NAME	31 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	32 NAME	
CITY- ST- ZIP		33 STREET ADDRESS	
		34 CITY- ST- ZIP	
TITLE	NAME	41 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	42 NAME	
CITY- ST- ZIP		43 STREET ADDRESS	
		44 CITY- ST- ZIP	
TITLE	NAME	51 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	52 NAME	
CITY- ST- ZIP		53 STREET ADDRESS	
		54 CITY- ST- ZIP	
TITLE	NAME	61 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	62 NAME	
CITY- ST- ZIP		63 STREET ADDRESS	
		64 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)(k), 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: *Olive H. Wamsley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
OLIVE H. WAMSLEY
Date: *April 13, 1995* (417) 894-4757
Deputy Clerk