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 # 392207

(7)

THE WAMSLEY COMPANY

Principal Place of Business

Mailing Address

FILED Mar 17 1997 8:00am Secretary of State



316504 -	JMBY AVE	2004 SOUTH 2004 AVE ORLANDO FL 32803-6024					
					3. Date Incorporated or Qualified 12/06/1971	3a. Date of Last Report 05/01/1996	
	lace of Business	2a. Mailing Address	···		4. FEI Number	Applied	For
	South Dumbaffel	26			59-1371058	Not App	
Sulte, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Addition	
23 () & State	lando, H	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May E Added to Fee:	
24 328	803 25 Chong.		Country 30	/	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.0 Yes 🔲 No	032,
	9. Name and Address of Current				10. Name and Address of New Reg	Istered Agent	
WAN	ASLEY, OLIVE H.	Rumbil	Aue 81	Name			
200s ORL	ASLEY, OLIVE H. ANDO FL 32803	th paning.	82	Street Add	ress (P.O. Box Number is Not Acceptable	6)	
, ,,,,			83				
			84	City		FL 85 Zip Code	
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State or im familiar with, and accept the obligati	f Horida. Such change was a	uthorized b	y the corporal	poration submits this statement for the pation's board of directors. I hereby accep	rpose of changing its regist the appointment as registe	stered lered
SIGNATURE	3						
	Signature, typed or printed name of registered agent			ent signaturo roqui	ired when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	PST	DELETE	1.1 NTL€			☐ Change ☐ A	Addition
NAME	WAMSLEY, OLIVE H		1.2 NAME				
STREET ADDRESS	723 EAST RIDGEWOOD ST		1.3 STREET	ADDRESS			
CITY-ST-ZIP	ORLANDO FL	Distr	1.4 CITY - 9	ST-ZIP		Clohana III	A substitution
TITLE		L] DELETE	2.1 TITLE			∐ Change	Acdition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET				
CITY-ST-ZIP		DELETE	2. 4 CITY -	ST - ZIP		Channe	Addition
TITLE		- DEFEIG	3.1 TITLE			∟ Change ∟ A	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET				
CITY-ST-ZIP		DELETE	3.4. CITY-	ST-ZIP		Change	Addition
TITLE		L DELETE	4.1 TITLE			∐ Change ∭ A	Addition
NAME			4. 2 NAME	1			
STREET ADDRESS			4.3 STREET				
CITY-ST-ZIP		T DELETE	4.4 CITY-S	57 - ZIP		Change	Addition
TITLE		☐ DELETE	51 TITLE			L Change L A	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET				
CITY-ST-ZIP			5.4 CITY - 9	ST-ZIP			Kalassis
TITLE		DELETE	6.1 TITLE			☐ Change ☐ A	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
City-St-ZIP			6.4 CrtY - S				
14. I do hereb	by certify that the information supplied	with this filing does not qualify	y for the exc	mption stated	d in Section 119.07(3)(i), Florida Statutes	I further certify that the	

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 portion or the receiver or trustee empowered to execute this report as require) by Chapter 607, Florida Statutes; and that my name I am an officer or director of the