

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 404538

(1)

1. Corporation Name

J.L. WAGNER INC.

Principal Place of Business

140 PERRY AVENUE
GREENACRES CITY FL 33463

Mailing Address

140 PERRY AVENUE
GREENACRES CITY FL 33463

APPROVED
AND
FILED

97 MAY -1 1995 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 129 FLEMING AVENUE		26 129 FLEMING AVENUE		07/07/1972	04/12/1994
State Apt # etc		State Apt # etc		4. FEI Number	Applied For
22 LAKE WORTH, FL		27 LAKE WORTH, FL		59-1406012	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 LAKE WORTH, FL		28 LAKE WORTH, FL		☒ Yes ☐ No	\$5.00 May Be Added to Fees
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	☐ Yes ☒ No
24 33463		25 USA		7. This corporation has liability for changes in officers or directors under Chapter 607, Florida Statutes	
City		State		☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

WAGNER, JOSEPH L
140 PERRY AVENUE
LAKE WORTH FL 33463

10. Name and Address of New Registered Agent

B1 Name	JOSEPH L. WAGNER, (JR.)	
B2 Street Address (P.O. Box Number is Not Acceptable)	129 FLEMING AVENUE	
B3		
B4 City	LAKE WORTH,	FL
B5 Zip Code	33463	

11. Pursuant to the provisions of Sections 607 (060) and 607 (508), 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 provisions of Section 607 (090), Florida Statutes.

SIGNATURE: *Joseph L. Wagner, Jr.* JOSEPH L. WAGNER, (JR.)

APRIL 20, 1995

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WAGNER, JOSEPH L
STREET ADDRESS	140 PERRY AVENUE
CITY, ST, ZIP	GREENACRES FL
TITLE	VD
NAME	WAGNER, JOSEPH L
STREET ADDRESS	140 PERRY AVENUE
CITY, ST, ZIP	GREENACRES FL
TITLE	STD
NAME	WAGNER, SHARON K
STREET ADDRESS	140 PERRY AVENUE
CITY, ST, ZIP	GREENACRES FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PD	☒ Change ☐ Addition
1. NAME	WAGNER, JOSEPH L. (JR.)	
1. STREET ADDRESS	129 FLEMING AVENUE	
1. CITY, ST, ZIP	LAKE WORTH, FL 33463	
2. TITLE	VD	☒ Change ☐ Addition
2. NAME	WAGNER, JOSEPH L. (JR.)	
2. STREET ADDRESS	129 FLEMING AVENUE	
2. CITY, ST, ZIP	LAKE WORTH, FL 33463	
3. TITLE	STD	☒ Change ☐ Addition
3. NAME	WAGNER, MARGARET B.	
3. STREET ADDRESS	129 FLEMING AVENUE	
3. CITY, ST, ZIP	LAKE WORTH, FL 33463	
4. TITLE		☐ Change ☐ Addition
4. NAME		
4. STREET ADDRESS		
4. CITY, ST, ZIP		
5. TITLE		☐ Change ☐ Addition
5. NAME		
5. STREET ADDRESS		
5. CITY, ST, ZIP		
6. TITLE		☐ Change ☐ Addition
6. NAME		
6. STREET ADDRESS		
6. CITY, ST, ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 310 (7)(A)(k), Florida Statutes. I further certify that the information submitted on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and make me personally liable, 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 of this report or on an attachment with an address.

SIGNATURE: *Joseph L. Wagner* JOSEPH L. WAGNER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/1995 407-968-3426