FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **437884** **(0)**

1. Corporation Name
WAB INVESTMENT GROUP, INC

Principal Place of Business	Mailing Address
6030 TANGLEWOOD DR MILTON FL 32570	6030 TANGLEWOOD DR MILTON FL 32570

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/10/1973	03/07/1994

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

4. FEI Number **59-1562305** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
W.F. MILLER JR. 6030 TANGLEWOOD DR. MILTON FL 32570	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	V. P.	☐ Change ☒ Addition
NAME	MILLER, RONALD W.	12 NAME	WILLODEAN MILLER	
STREET ADDRESS	92 BAYSHORE DR.	13 STREET ADDRESS	6030 TANGLEWOOD DR.	
CITY-ST-ZIP	MILTON FL	14 CITY-ST-ZIP	MILTON, FLA 32570	
TITLE	VP	21 TITLE	V.P.	☐ Change ☒ Addition
NAME	MILLER SR,J L	22 NAME	W.F. MILLER JR	
STREET ADDRESS	1121 E LAKEVIEW AVE	23 STREET ADDRESS	6030 TANGLEWOOD DR.	
CITY-ST-ZIP	PENSACOLA FL	24 CITY-ST-ZIP	MILTON, FLA. 32570	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	SUMMERFORD, GLENDA	32 NAME		
STREET ADDRESS	216 WILKERSON	33 STREET ADDRESS		
CITY-ST-ZIP	FLOMATON AL	34 CITY-ST-ZIP		
TITLE	P	41 TITLE		☐ Change ☐ Addition
NAME	MILLER,LEON	42 NAME		
STREET ADDRESS	4635 HALL ROAD	43 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	MILLER, J. L. JR.	52 NAME		
STREET ADDRESS	92 BAYSHORE DRIVE	53 STREET ADDRESS		
CITY-ST-ZIP	MILTON FL	54 CITY-ST-ZIP		
TITLE	ST	61 TITLE		☐ Change ☐ Addition
NAME	MILLER, MARY FRANCES	62 NAME		
STREET ADDRESS	126 WILKERSON	63 STREET ADDRESS		
CITY-ST-ZIP	FLOMATON AL	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 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.

SIGNATURE: J.L. MILLER SR 4-28-95 904-625-1730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0471060 FP