

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 437884

(0)

1. Corporation Name

WAB INVESTMENT GROUP, INC



Principal Place of Business

6030 TANGLEWOOD DR
MILTON FL 32570

Mailing Address

6030 TANGLEWOOD DR
MILTON FL 32570

3. Date Incorporated or Qualified
10/10/1973

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current 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

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of Registered Agent's authorized representative)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	MILLER, RONALD W.	
STREET ADDRESS	92 BAYSHORE DR.	
CITY-STATE-ZIP	MILTON FL	
TITLE	VP	☐ DELETE
NAME	MILLER SR, J L	
STREET ADDRESS	1121 E LAKEVIEW AVE	
CITY-STATE-ZIP	PENSACOLA FL	
TITLE	D	☐ DELETE
NAME	SUMMERFORD, GLENDA	
STREET ADDRESS	216 WILKERSON	
CITY-STATE-ZIP	FLOMATON AL	
TITLE	P	☐ DELETE
NAME	MILLER, LEON	
STREET ADDRESS	4635 HALL ROAD	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	D	☐ DELETE
NAME	MILLER, J. L. JR.	
STREET ADDRESS	92 BAYSHORE DRIVE	
CITY-STATE-ZIP	MILTON FL	
TITLE	ST	☐ DELETE
NAME	MILLER, MARY FRANCES	
STREET ADDRESS	126 WILKERSON	
CITY-STATE-ZIP	FLOMATON AL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	MILLER, W. F.	
1.3 STREET ADDRESS	6030 TANGLEWOOD DR	
1.4 CITY-STATE-ZIP	MILTON, FLA 32570	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		☐ Change ☐ Addition
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		☐ Change ☐ Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		☐ Change ☐ Addition
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		☐ Change ☐ Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		☐ Change ☐ Addition

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)(c), 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 or changed, or on an attachment with an address.

SIGNATURE:

J. L. MILLER SR

2946

804-432-1789

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)