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Feb 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 32570-8205



3. Date Incorporated or Qualified

10/10/1973

3a. Date of Last Report

02/13/1996

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

2. Principal Place of Business:

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address:

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

W.F. MILLER JR.  
6030 TANGLEWOOD DR.  
MILTON FL 32570

10. Name and Address of New Registered Agent

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: W.F. Miller, Jr.

Signature typed or printed name of registered agent and title, if applicable

(If not, Registered Agent signature required when reissuing)

2/3/97

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MILLER, W.F.  
STREET ADDRESS 6030 TANGLEWOOD DR  
CITY-ST-ZIP MILTON FL

TITLE VP ☐ DELETE

NAME MILLER SR, J L  
STREET ADDRESS 1121 E LAKEVIEW AVE  
CITY-ST-ZIP PENSACOLA FL

TITLE D ☐ DELETE

NAME SUMMERFORD, GLENDA  
STREET ADDRESS 216 WILKERSON  
CITY-ST-ZIP FLOMATON AL

TITLE P ☐ DELETE

NAME MILLER, LEON  
STREET ADDRESS 4835 HALL ROAD  
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE

NAME MILLER, J. L. JR.  
STREET ADDRESS 92 BAYSHORE DRIVE  
CITY-ST-ZIP MILTON FL

TITLE ST ☐ DELETE

NAME MILLER, MARY FRANCES  
STREET ADDRESS 126 WILKERSON  
CITY-ST-ZIP FLOMATON AL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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:

W.F. Miller, Jr.

2/3/97

904-623-4786

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE DAYTIME PHONE #

CR2E034 (9/96)