

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Suzanne B. Mortimer  
Secretary of State  
Tallahassee, Florida 32399-0400

APPROVED  
AND  
FILED

95 MAY -1 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **441950** (3)  
WAYSIDE ENTERPRISES, INC.

Principal Place of Business: P.O. BOX 370 CASHIERS NC 28717-0370  
Mailing Address: P.O. BOX 370 CASHIERS NC 28717-0370

(DO NOT WRITE IN THIS SPACE)

2. Name of Principal Place of Business	2a. Mailing Address	3. Date incorporated or qualified	3a. Date of Last Report
21	26	12/18/1973	05/01/1994
22. State, Apt. #, etc.	27. State, Apt. #, etc.	4. FTL Number	Applied For / Not Applicable
23. City & State	28. City & State	59-1500190	
24. State	25. City	29. State	30. City
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing / Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		6. This corporation has liability for intangible tax under S. 190(1)(2), Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**TRAVER, EDWIN L  
7410 SW 16TH STREET  
PLANTATION FL 33317**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL 85. Zip Code

11. Pursuant to the provisions of Sections 190 and 191, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office. The change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Form 190 and 191 of the Corporation Code, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS ONLY	
NAME	PST TURNER, MARGARET A PINE CREEK RD., BOX 40 GLENVILLE NC	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		3. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		4. STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP CODE		5. ZIP CODE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		7. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		8. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		9. STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP CODE		10. ZIP CODE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information filed with the Secretary of State is true and correct, and that my signature shall have the same legal effect as if made under oath. This filing is effective as of the date of filing. The fee for this filing is \$225.00. I have enclosed the fee for this filing. Florida Statutes, and that my signature appears on this filing on Block 1 of the filing.

SIGNATURE: *Margaret A. Turner* President  
SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR  
MARGARET A. TURNER, PRESIDENT  
4/29/95/704 743-5112