

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **527242**

(2)

1. Corporation Name
WESLEY COMMUNICATIONS, INC.



Principal Place of Business 2425 WOODLEY AVE. LAKELAND FL 33830-3364 US	Mailing Address POST OFFICE BOX 670 (N/A) EATON PARK FL 33840-0670 US
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3. Date Incorporated or Qualified 03/07/1977	3a. Date of Last Report 05/01/1996
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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
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4. FEI Number 59-1737767	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent WESLEY, MARTHA M. 2425 WOODLEY AVENUE LAKELAND FL 33803

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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE PT <input type="checkbox"/> DELETE NAME WESLEY, MARTHA M. STREET ADDRESS 2425 WOODLEY AVE. CITY-ST-ZIP LAKELAND FL	<input type="checkbox"/> DELETE
TITLE VS <input type="checkbox"/> DELETE NAME WESLEY, MERIDITH H. STREET ADDRESS 1322 FERNWOOD CIRCLE, N.E. CITY-ST-ZIP ATLANTA GA	<input type="checkbox"/> DELETE
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Wesley, Martha M. 1.3 STREET ADDRESS 2425 Woodley Ave. 1.4 CITY-ST-ZIP Lakeland, FL 33803-3364	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME Wesley, Meredith H. 2.3 STREET ADDRESS 1322 Fernwood Circle, N.E. 2.4 CITY-ST-ZIP Atlanta, GA 30319	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE Secretary, Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME John R. McArthur 3.3 STREET ADDRESS 2425 Woodley Ave. 3.4 CITY-ST-ZIP Lakeland, FL 33803-3364	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: John R. McArthur John R. McArthur 5/24/97 941-660-1645
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)