

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 568584 (7)

1. Corporation Name

LYOYD L. WAGNON AND ASSOCIATES, INC.



Principal Place of Business

Mailing Address

~~734 OCEAN FRONT~~
~~NEPTUNE BEACH FL 32266-3028~~

~~734 OCEAN FRONT~~
~~NEPTUNE BEACH FL 32266-3028~~

3. Date Incorporated or Qualified
04/14/1978

3a. Date of Last Report
01/17/1995

2. Principal Place of Business
21 13799 HEATHFORD DRIVE
Suite, Apt. #, etc.

2a. Mailing Address
26 Suite, Apt. #, etc.

4. FEI Number
59-1819346

Applied For
Not Applicable

22 City & State
23 JACKSONVILLE

27 City & State
28 Same

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 3224-2230 25 DUVAL

29 Zip 30 Country

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

WAGNON, LLOYD L.
~~734 OCEAN FRONT~~
~~NEPTUNE BEACH FL 32266-3028~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
13799 HEATHFORD DRIVE

83

84 JACKSONVILLE FL 85 3224-2230

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

LLOYD L. WAGNON

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME PD
WAGNON, LLOYD L.
STREET ADDRESS ~~734 OCEAN FRONT~~
CITY-STATE-ZIP ~~NEPTUNE BEACH FL~~

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 13799 HEATHFORD DRIVE
1.4 CITY-STATE-ZIP JACKSONVILLE, FL 3224-2230

TITLE ☐ DELETE
NAME STD
WAGNON, MARJIE J.
STREET ADDRESS ~~734 OCEAN FRONT~~
CITY-STATE-ZIP ~~NEPTUNE BEACH FL~~

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 13799 HEATHFORD DRIVE
2.4 CITY-STATE-ZIP JACKSONVILLE FL 3224-2230

TITLE ☐ DELETE
NAME D
WAGNON, JOHN W.
STREET ADDRESS ~~734 OCEAN FRONT~~
CITY-STATE-ZIP ~~NEPTUNE BCH FL~~

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 735 W. 4th AVE #661
3.4 CITY-STATE-ZIP ANCHORAGE, AK 99501

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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)(k), 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:

LLOYD L. WAGNON

Date

Daytime Phone #

CR2E034 (12/95)