FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 3:57

DOCUMENT # 613910 (9)

1. Corporation Name
WCN INVESTMENTS, INC.

Principal Place of Business	Mailing Address
SUITE 500 801 LAUREL OAK DRIVE NAPLES FL 33963	SUITE 500 801 LAUREL OAK DRIVE NAPLES FL 33963

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/22/1979
3a. Date of Last Report: 03/14/1994
4. FEI Number: 59-2167657 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MCCLURE, ROBERT W.
801 LAUREL OAK DR.,#500
NAPLES FL 33963

10. Name and Address of New Registered Agent

81 Name: Vivien N. Hastings
82 Street Address (P.O. Box Number is Not Acceptable): 801 Laurel Oak Drive
83: Suite 500
84 City: Naples FL 85 Zip Code: 33963

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: Vivien N. Hastings — 2/6/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	KOSTE, B. R.	12 NAME		
STREET ADDRESS	801 LAUREL OAK DR., #500	13 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	14 CITY-ST-ZIP		
TITLE	VDAS	21 TITLE		☐ Change ☐ Addition
NAME	HOEGSTED, L. H.(ASST S)	22 NAME		
STREET ADDRESS	801 LAUREL OAK DR., #500	23 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP		
TITLE	V	31 TITLE		☒ Change ☐ Addition
NAME	SCHMOYER, JERRY H	32 NAME		
STREET ADDRESS	9200-101 BONITA BCH RD	33 STREET ADDRESS	24820 Burnt Pine Drive	
CITY-ST-ZIP	BONITA SPRINGS FL	34 CITY-ST-ZIP		
TITLE	S	41 TITLE		☒ Change ☐ Addition
NAME	MCCLURE, R. W.	42 NAME	Hastings, V.N.	
STREET ADDRESS	801 LAUREL OAK DR., #500	43 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	44 CITY-ST-ZIP		
TITLE	AS	51 TITLE		☐ Change ☐ Addition
NAME	E. C. LEINDECKER	52 NAME		
STREET ADDRESS	11 STANWIX ST.	53 STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH PA	54 CITY-ST-ZIP		
TITLE	TD	61 TITLE		☐ Change ☐ Addition
NAME	CARLSON, A.J.	62 NAME		
STREET ADDRESS	801 LAUREL OAK DR #500	63 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	64 CITY-ST-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)(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: Vivien N. Hastings — 2/6/95 — (813) 597-6061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
Vivien N. Hastings, Secretary

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