4-18-95 B-3733 G

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

APPROVED AND FILED

'95 APR 18 PM 5:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **626412** **(1)**

1. Corporation Name
WEZ, INC.

Principal Place of Business	Mailing Address
1292 N CROOKED LANE DR P.O. BOX 1168 BABSON PARK FL 33827 US	10 OAK ST. (BABSON PK. FL) P.O. BOX 1169 LAKE WALES FL 33859-8168

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/18/1979**
3a. Date of Last Report: **04/14/1994**

2. Principal Place of Business — 21: 8590 GERMANY CANAL RD
2a. Mailing Address — 26: 8590 GERMANY CANAL RD.
Suite, Apt. #, etc — 22:
Suite, Apt. #, etc — 27:
City & State — 23: FT PIERCE
City & State — 28: FT. PIERCE
Zip — 24: 34988
County — 25:
Zip — 29: 34988
County — 30:

4. FEI Number: **59-1917298** ☐ 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

9. Name and Address of Current Registered Agent

ZILAHY, MYRA V
1272 N CROOKED LANE DR
BARSON PARK FL 33827

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 1272 N. CROOKED LAKE DR
83:
84 City: BABSON PARK 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: Myra V. Zilahy
Signature (typed or printed name of registered agent and title if applicable) — (NOTE: Registered Agent signature required when mandatory) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	11 TITLE	PD	☑ Change ☐ Addition
NAME	COMER, ALEXANDRA Z.	12 NAME		
STREET ADDRESS	8590 GERMANY CANAL ROAD	13 STREET ADDRESS		
CITY ST ZIP	PORT ST. LUCIE FL	14 CITY ST ZIP		
TITLE	PD	21 TITLE	STD	☑ Change ☐ Addition
NAME	ZILAHY, MYRA V.	22 NAME		
STREET ADDRESS	1272 N CROOKED LK DR	23 STREET ADDRESS		
CITY ST ZIP	BABSON PARK FL	24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		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: Myra V. Zilahy — MYRA V. ZILAHY — 4/13/95 — 813/638-3687
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0480000 FP