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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 25 PM 3:11

DOCUMENT # 627994 (7)

1. Corporation Name
WADE H. BOGGS, INC.

Principal Place of Business
~~1621 ROUNDELAY LN.~~
~~P.O.BOX 1900 (32790)~~
~~WINTER PARK FL 32789~~

Mailing Address
~~1621 ROUNDELAY LN.~~
~~P.O.BOX 1900 (32790)~~
~~WINTER PARK FL 32789~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/29/1979
3a. Date of Last Report: 02/18/1994

2. Principal Place of Business
21 6535 LK CHARM CIR
Suite, Apt. #, etc.
22
City & State
23 OVIEDO, FL
Zip 24 32765
Country 25 U.S.A.

2a. Mailing Address
26 P.O. BOX 2090
Suite, Apt. #, etc.
27
City & State
28 OVIEDO, FL
Zip 29 32765
Country 30 USA

4. FEI Number: 59-1918798 — 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

BOGGS, WADE H.
1621 ROUNDELAY LN.
P. O. BOX 1900
WINTER PARK FL 32790

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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 ______ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BOGGS, WADE H.
STREET ADDRESS	6535 LK CHARM CIR
CITY · ST · ZIP	OVIEDO FL 32765
TITLE	
NAME	
STREET ADDRESS	
CITY · ST · ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY · ST · ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY · ST · ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY · ST · ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY · ST · ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY · ST · ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY · ST · ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY · ST · ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY · ST · ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY · ST · ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 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)(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: [signature] & WADE H. BOGGS 1/23/95 (407) 642-2226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048380 CP