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

CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 632490

(9)

W.P.Y., INC.

FILED

May 11 1998 8:00am

Secretary of State

Mailing Address	

Principal Place of Business 7410 ALOMA 7410 ALONA WINTER PARK FL 32792-9102 WINTER PARK FL 32782-9102 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/31/1979 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-1940971 Not Applicable 26 Suito, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Yes Personal Property Tax due June 30. 24 29 10. Name and Address of New Registered Agent g, Name and Address of Current Registered Agent Name YOUNG, JOSEPH R. 1483 CANTERBURY CIRCLE Street Address (P.O. Box Number is Not Acceptable) CASSELBERRY FL 32707 63 85 Zip Code 64 City 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Change Addition 1.1 TITLE TITLE DELETE YOUNG, JOSEPH R. NAME 1.2 NAME 1483 CANTERBURY STREET ADDRESS 1.3 STREET ADDRESS CASSELBERRY FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Change ☐ Addition DELETE 2.1 TITLE YOUNG, BETTYE J. 2.2 NAME 204 RANGER BLVD. 2.3 STREET ADDRESS STREET ADDRESS WINTER PARK FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP Change Addition DELETE 41 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP Change ___ Addition DELETE 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CiTY - ST - ZIP 6.4 CITY - ST - ZIP

14. I 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.

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