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FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90241 027 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 634074

1. Corporation Name
WCA, INC.

Principal Place of Business
**225 WATER ST. SUITE#1600
JACKSONVILLE FL 32202**

Mailing Address
**225 WATER ST. SUITE#1600
JACKSONVILLE FL 32202**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1979

4. FEI Number

59-1933123

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **30** Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRANT, MOORE, SAPP, MACDONALD & WELLS PA
50 NORTH LAURA, SUITE 3100
BARNETT CENTER
JACKSONVILLE FL 32202**

81 Name

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

83

84 City

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

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 **SD** ☐ DELETE
NAME **SCHNEIDER, AL L.**
STREET ADDRESS **50 NORTH LAURA #3100**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VCTD** ☐ DELETE
NAME **SCHRAMM, BERNARD C. JR.**
STREET ADDRESS **255 WATER ST., #1600**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **ASD** ☐ DELETE
NAME **BRANT, WILLIAM P.**
STREET ADDRESS **50 N LAURA ST., #3100**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **CCEO** ☐ DELETE
NAME **EDDINGS, J. CARSON**
STREET ADDRESS **225 WATER ST., #1600**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VCFO** ☐ DELETE
NAME **GOLDEN, STEPHEN, D**
STREET ADDRESS **225 WATER ST., #1600**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE
NAME **VICKERS, SAMUEL H.**
STREET ADDRESS **2913 WESTSIDE BLVD**
CITY-ST-ZIP **JACKSONVILLE FL**

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 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, with all other like empowered.

SIGNATURE:

Lura Ann Benton
Lura Ann Benton, President

4/29/99

904/353-3911

Date

Daytime Phone #

CR2E034 (11/98)

PROFIT CORPORATION
ANNUAL REPORT
1999

ADDENDUM TO
DOCUMENT NO. 634074

WCA, INC.

537859-90241-27
634074

12.	OFFICERS AND DIRECTORS
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Title	P	<input type="checkbox"/> DELETE
Name	Benton, Lura A.	
Street Address	225 Water Street	
City-State-Zip	Jacksonville, FL 32202	