## 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 # 655415

(8)

WAVICO, INC.

## **FILED** Jan 28 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 415 EAST MONROE STREET 415 EAST MONROE STREET JACKSONVILLE FL 32202 JACKSONVILLE FL 32202 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/08/1980 2. Principal Place of Business
21 437 E. Monroe St. Mailing Address 437 E. 4. FEI Number Applied For Monroe St. 59-2002639 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 忆 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Jacksonville Jacksonvi Fl Trust Fund Contribution 23 28 Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 32202 Duval 30 Duval Yes Personal Property Tax due June 30. 29 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PEEK, EUGENE G., III 1609 GULF LIFE TOWER 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32207 83 Zip Code

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: R	legistered Agent signature	required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO			R\$ IN 12
TITLE	PS	DELETE	1,1 TITLE			☐ Change	Additi
NAME	WILLIS, LYNWOOD G.		1.2 NAME				
STREET ADDRESS	415 E. MONROE STREET		1.3 STREET ADDRESS	437 E. Monroe	St.		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jacksonville,	F1. 3	32202	
TITLE		DELETE	2.1 TITLE			Change	Additio
NAME			2.2 NAME				
STREET ADORESS			2.3 STREET ADORESS				
CITY-ST-ZIP			2. 4 CITY-ST-ZIP				
TITLE		DELETE	3.1 TITLE			Change	Additio
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-SY-ZIP			3.4, CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLE			Change	Additio
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY - ST-ZIP				
TITLE		DELETE	5.1 TITLE			Change	Additio
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY - ST - ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE			☐ Change	Additio
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
City-ST-ZIP			6.4 CITY - ST - ZIP				

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this critical seport 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 convolvation 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 to if charaged or on an attachment with an address.

SIGNATURE:

G. WILLIS

1/15/98

904-358-3898