FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **688436** **(5)**

1. Corporation Name

WOCO SALES, INC.

Principal Place of Business

3551 ARLINGTON OAKS DRIVE
MOBILE AL 36695

Mailing Address

3551 ARLINGTON OAKS DRIVE
MOBILE AL 36695

3. Date Incorporated or Qualified: **09/22/1980**

3a. Date of Last Report: **03/16/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-2032051** ☐ 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

WEBBER, KENNETH R.
14025 MASTWOOD WAY
ORLANDO FL 32832

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 13901 SMOKERISE COURT

83

84 City: ORLANDO **FL** 85 Zip Code: 32832

11. Pursuant to the provisions of Sections 607.0302 and 607.1505, 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 of New Registered Agent, if changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WEBBER, VIVIAN A		1.2 NAME		
STREET ADDRESS	3551 ARLINGTON OAKS DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	MOBILE AL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	WEBBER, KENNETH		2.2 NAME		
STREET ADDRESS	14025 MASTWOOD WAY		2.3 STREET ADDRESS	13901 Smokerise Ct.	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	Orlando, Fl 32832-5707	
TITLE	VD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	WEBBER, RONALD K.		3.2 NAME		
STREET ADDRESS	4093 HIDEAWAY DR		3.3 STREET ADDRESS	631 Applewood Ave.	
CITY-ST-ZIP	TUCKER GA		3.4 CITY-ST-ZIP	Altamonte Springs, Fl 32714	
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WEBBER, STEVEN S.		4.2 NAME		
STREET ADDRESS	2912 COTTAGE KNOLL DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	MOBILE AL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 attached sheet, with an address.

SIGNATURE: Vivian A. Webber VIVIAN A. WEBBER 02-05-96 334-633-3160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #