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PROFIT CORPORATION ANNUAL REPORT 1998 **DOCUMENT #** WOCO SALES, INC.

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(5)

Secretary of State

FILED

Jan 16 1998 8:00am

Principal Place of Business Mailing Address 3551 ARLINGTON OAKS DRIVE 3551 ARLINGTON OAKS DRIVE MOBILE AL 36695 MOBILE AL 36695 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/22/1980 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2032051 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zìo Country Country 8. This corporation owes or has paid the current year Intangible 24 29 25 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WEBBER, KENNETH R. 13901 SMOKERISE COURT Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32832 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 famillar 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change ___ Addition WEBBER, VIVIAN A NAME 1.2 NAME 3551 ARLINGTON OAKS DR STREET ADDRESS 1.3 STREET ADDRESS MOBILE AL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change TITLE Addition 2.1 TITLE WEBBER, KENNETH NAME 2.2 NAME 13901 SMOKERISE CT STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition WEBBER, RONALD K. NAME 3.2 NAME 631 APPLEWOOD AVENUE STREET ADDRESS 3.3 STREET ADDRESS ALTAMONTE SPRINGS FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE WEBBER, STEVEN S. NAME 4. 2 NAME 2912 COTTAGE KNOLL DR STREET ADDRESS 4.3 STREET ADDRESS MOBILE AL CITY-ST-ZIP 4.4 CITY - ST~ZIP DELETE Change Addition TOTLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 6.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** 6.4 CITY-ST-ZIP

14. Thereby 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 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.

PRES. 1/08/08 (334)633-3/60 WIVIAN A WEBBER. SIGNATURE: