

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90235 048 ***150.00

DOCUMENT # 688436

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1980

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEBBER, KENNETH R.
13901 SMOKERISE COURT
ORLANDO FL 32832

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSD ☐ DELETE

NAME WEBBER, VIVIAN A
STREET ADDRESS 3551 ARLINGTON OAKS DR
CITY-ST-ZIP MOBILE AL

1.1 TITLE ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME WEBBER, KENNETH
STREET ADDRESS 13901 SMOKERISE CT
CITY-ST-ZIP ORLANDO FL

1.2 NAME ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME WEBBER, RONALD K.
STREET ADDRESS ~~691 APPLEWOOD AVENUE~~
CITY-ST-ZIP ~~ALTAMONTE SPRINGS FL~~

1.3 STREET ADDRESS ☒ Change ☐ Addition

TITLE VD ☐ DELETE

NAME WEBBER, STEVEN S.
STREET ADDRESS 2912 COTTAGE KNOLL DR
CITY-ST-ZIP MOBILE AL

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

433 OPAL COURT
ALTAMONTE SPRINGS, FL 32714

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 a address, with all other like empowered.

SIGNATURE:

Vivian A. Webber
PRESIDENTED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

412-99 (334) 633-3160
Daytime Phone #

CR2E034 (11/98)