

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90032 048 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katharine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 724314**  
 1. Corporation Name  
**WPIO, INC.**

439985 - 90032 - 48

Principal Place of Business 505 JOSEPHINE STREET TITUSVILLE FL 32796 US	Mailing Address 505 JOSEPHINE STREET TITUSVILLE FL 32796 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date incorporated or Qualified 09/11/1972	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
24 Zip Country		29 Zip Country		30
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent <b>HENRY, RANDY</b> 110 LA GRANGE AVE TITUSVILLE FL 32796	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent Signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD HENRY, RANDY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	110 LA GRANGE AVE.	1.2 NAME	
STREET ADDRESS	TITUSVILLE FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	STD HENRY, CAROL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	110 LA GRANGE AVE.	2.2 NAME	
STREET ADDRESS	TITUSVILLE FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD SHETLER, HARRY A	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2834 WANDA DR	3.2 NAME	
STREET ADDRESS	TITUSVILLE FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D EVANS, BETTY B	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4317 LANTERN DR	4.2 NAME	
STREET ADDRESS	TITUSVILLE FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D TALLEY, DAVID L	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8344 YANCEY STREET	5.2 NAME	
STREET ADDRESS	PENSACOLA FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 617, 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: *Randy Henry* SIGNATURE: *Randy Henry* 4/26/99 4072673000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0016158

CR2E037 (11/98)