


FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 724314					
1. Corporation Name WPIO, INC.					
Principal Place of Business 505 JOSEPHINE STREET TITUSVILLE FL 32796 US			Mailing Address 505 JOSEPHINE STREET TITUSVILLE FL 32796 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date incorporated or Qualified 09/11/1972 4. FEI Number NOT APPLICABLE 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 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 HENRY, RANDY 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	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENRY, RANDY		1.2 NAME		
STREET ADDRESS	110 LA GRANGE AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL		1.4 CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENRY, CAROL		2.2 NAME		
STREET ADDRESS	110 LA GRANGE AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL		2.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHETLER, HARRY A		3.2 NAME		
STREET ADDRESS	2834 WANDA DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EVANS, BETTY B		4.2 NAME		
STREET ADDRESS	4317 LANTERN DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TALLEY, DAVID L		5.2 NAME		
STREET ADDRESS	8344 YANCEY STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	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		

SIGNATURE: _____

SIGNATURE *Randy Henry*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99
Date

407 267 3000
Daytime Phone #

CR2E037 (1/98)

0016158