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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

## FILED Apr 28 1997 8:00am Secretary of State

DOCUMENT # 836418 (4) W.F.R., INC.				1 (0.614);	144 <b>14</b> 8 444 <b>1</b> 44 444	
Principal Place of Business P. O. BOX 605 PELLWOOD FL 32798		Mailing Address P. O. BOX 605 ZELLWOOD FL 32798-0605				
				3. Date Incorporated or Qualified	3a. Date of Last Re	port
				05/26/1976	05/01/1996	
٠ '	lace of Business	2a. Mailing Address		4. FEI Number	h	plied For
Suite, Apt	# otc	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	74-1088704	60 75	Applicable
Same, Apr	π, υ(ο	27		5. Certificate of Status Desired	Fee Re	
City & Stat	0	City & State		6. Election Campaign Financing	\$5.00	<u></u>
		28		Trust Fund Contribution	Added to	
Ziρ	Country	Zıp	Country	8. This corporation has liability for i		199.032,
]	25	29	30		Yes No	<del></del>
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Re	pistered Agent	
	IO BEAUCLAIRE DR. ARES FL 32778		83	dress (P.O. Box Number is Not Acceptab		
						`odo
	to the provisions of Sections 607.050 registered agent, or both, in the State an familiar with, and accept the oblig	02 and 607.1508, Florida Statu e of Florida Such change was gations of, Section 607.0505, F	des, the above-named core authorized by the corpora lorida Statutes.	rporation submits this statement for the pation's board of directors. I hereby accep	FL 85 Zip 0 urpose of changing its at the appointment as	
SIGNATURE	Signature Type dior printed name of registerod ag	pert and title if applicable. (NO ND DIRECTORS	utes, the above-named cor authorized by the corpora lorida Statutes.		urpose of changing lits of the appointment as	s registered registered S IN 12
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4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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 applies.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICES OR DIRECTOR

4/22/17

Daytme Phone #