FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **844176** **(8)**

1. Corporation Name

WAYFARA FO YULEE # 8 INC.

Principal Place of Business

200 OAK STREET
P.O. BOX 4008
EASTMAN GA 31023

Mailing Address

P. O. BOX 4009
P.O. BOX 4008
EASTMAN GA 31023
US

2. Principal Place of Business — 21 | Suite, Apt. #, etc. — 22 | City & State — 23 | Zip — 24 | Country — 25

2a. Mailing Address — 26 | Suite, Apt. #, etc. — 27 | City & State — 28 | Zip — 29 | Country — 30

3. Date Incorporated or Qualified: **09/19/1979**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **58-1107176** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

COLEMAN, JEANETTE
I-95 & A1A
P.O. BOX 126
YULEE FL 32097

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 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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	FRANKLIN, LYNDA S	
STREET ADDRESS	P. O. BOX 4009 N/A	
CITY-ST-ZIP	EASTMAN, GA 00000	
TITLE	VD	☐ DELETE
NAME	FRANKLIN, RUSS I	
STREET ADDRESS	P.O. BOX 4009 N/A	
CITY-ST-ZIP	EASTMAN GA	
TITLE	ST	☐ DELETE
NAME	PICKETT, DANIEL B	
STREET ADDRESS	P. O. BOX 4008 N/A	
CITY-ST-ZIP	EASTMAN, GA 0	
TITLE	D	☐ DELETE
NAME	FRANKLIN, LYNDA S	
STREET ADDRESS	P. O. BOX 4009 N/A	
CITY-ST-ZIP	EASTMAN GA	
TITLE	DV	☐ DELETE
NAME	GIDDES, TODD D.	
STREET ADDRESS	P. O. BOX 4009 N/A	
CITY-ST-ZIP	EASTMAN FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Lynda S Franklin — 3-5-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)