

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

APPROVED
AND
FILED

98 FEB 13 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 844176 (8)

1. Corporation Name

WAYFARA FO YULEE #8 INC. - name for use in FL
469 Franklin, Inc. - cross reference

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1979

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

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30

9. Name and Address of Current Registered Agent

COLEMAN, JEANETTE
1-95 & 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

Signature typed or printed name of registered agent and title if applicable

(Not a Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P
STREET ADDRESS FRANKLIN, LYNDIA S
CITY-ST-ZIP P. O. BOX 4009 N/A
EASTMAN, GA 00000

TITLE ☐ DELETE

NAME VD
STREET ADDRESS FRANKLIN, RUSS I
CITY-ST-ZIP P.O. BOX 4009 N/A
EASTMAN GA

TITLE ☐ DELETE

NAME ST
STREET ADDRESS PICKETT, DANIEL B
CITY-ST-ZIP P. O. BOX 4008 N/A
EASTMAN, GA 0

TITLE ☐ DELETE

NAME D
STREET ADDRESS FRANKLIN, LYNDIA S
CITY-ST-ZIP P. O. BOX 4009 N/A
EASTMAN GA

TITLE ☐ DELETE

NAME DV
STREET ADDRESS GIDDES, TODD D.
CITY-ST-ZIP P. O. BOX 4009 N/A
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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

900002432349---6

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*****150.00 *****150.00

☐ Change ☐ Addition

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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 an address.

SIGNATURE

2/13/98

CR2E034 (10/97)