FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 23 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F01658** **(6)**

1. Corporation Name
WENSOUTH CORPORATION

Principal Place of Business	Mailing Address
2040 NORTHWEST 67TH PLACE GAINESVILLE FL ~~32606~~ 32653 US	P.O. BOX 5278 GAINESVILLE FL ~~32602~~ 5278 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/15/1980	3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-2038047	☐ 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	

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24): 32653 Country (25)	Zip (29): 32602-5278 Country (30)

9. Name and Address of Current Registered Agent

CARPENTER, RONALD A.
4127 NW 27 LANE
GAINESVILLE FL ~~32606~~

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: 32653

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 changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	11 TITLE	☒ Change ☐ Addition
NAME	O NEIL, DENNIS	12 NAME	
STREET ADDRESS	2040 NW 67TH PL	13 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE,F L ~~00000~~	14 CITY-ST-ZIP	32653
TITLE	P	21 TITLE	☒ Change ☐ Addition
NAME	HORNICK, FRANK L	22 NAME	
STREET ADDRESS	2040 NW 67 PL	23 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE,F L ~~00000~~	24 CITY-ST-ZIP	32653
TITLE	S	31 TITLE	☒ Change ☐ Addition
NAME	CARPENTER,RONALD	32 NAME	
STREET ADDRESS	4127 NW 27 LANE	33 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE,F L ~~00000~~	34 CITY-ST-ZIP	32653
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	THOMAS, MALLINI G	42 NAME	
STREET ADDRESS	2040 NW 67TH PL	43 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	44 CITY-ST-ZIP	32653
TITLE	T	51 TITLE	☒ Change ☐ Addition
NAME	WHALEN, CHERYL L	52 NAME	
STREET ADDRESS	2040 NW 67TH PL	53 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	54 CITY-ST-ZIP	32653
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: Cheryl L. Whalen 3/30/95 (904) 376-9259
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084417 CP