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

1. Corporation Name

WENSOUTH CORPORATION

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

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 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **10/15/1980**

3a. Date of Last Report: **04/28/1995**

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

9. Name and Address of Current Registered Agent

CARPENTER, RONALD A.
4127 NW 27 LANE
GAINESVILLE FL ~~32606~~ 32653

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: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	☐ DELETE	1.1 TITLE	☐ Change ☑ Addition
NAME	O NEIL, DENNIS		1.2 NAME	
STREET ADDRESS	2040 NW 67TH PL.		1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP	ZIP-32653
TITLE	P	☐ DELETE	2.1 TITLE	☐ Change ☑ Addition
NAME	HORNICK, FRANK L		2.2 NAME	
STREET ADDRESS	2040 NW 67 PL		2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE,F L 00000		2.4 CITY-ST-ZIP	ZIP-32653
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☑ Addition
NAME	CARPENTER,RONALD		3.2 NAME	
STREET ADDRESS	4127 NW 27 LANE		3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE,F L 00000		3.4 CITY-ST-ZIP	ZIP-32653
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☑ Addition
NAME	THOMAS, MALLINI G		4.2 NAME	
STREET ADDRESS	2040 NW 67TH PL		4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL		4.4 CITY-ST-ZIP	ZIP- 32653
TITLE	T	☐ DELETE	5.1 TITLE	☐ Change ☑ Addition
NAME	WHALEN, CHERYL L		5.2 NAME	
STREET ADDRESS	2040 NW 67TH PL		5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL		5.4 CITY-ST-ZIP	ZIP-32653
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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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 B Whalen 4/26/96 352/378-6227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #