

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F14867** (8)

1. Corporation Name

WABASSO REALTY, INC.



Principal Place of Business

**695-B FELLSMERE RD
SUITE B
SEBASTIAN FL 32958
US**

Mailing Address

**C/O JUANITA HUNNICUTT
701 BARBER ST
SEBASTIAN FL 32958**

3. Date Incorporated or Qualified
01/14/1981

3a. Date of Last Report
03/16/1995

4. FEI Number
59-2142536

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

2a. Mailing Address

21 **695-B FELLSMERE RD**

26 **SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **B**

27

City & State

City & State

23 **SEBASTIAN FL**

28

Zip Country

Zip Country

24 **32958** 25 **USA**

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HUNNICUTT, JUANITA
701 BARBER ST
SEBASTIAN FL 32958**

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 607.1505, 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 the corporation

(Date) Registered Agent signature required when registered agent

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **HUNNICUTT, JUANITA**
CITY- ST- ZIP **701 BARBER ST
SEBASTIAN, FLORIDA 00000**

1.1 TITLE ☐ Change ☐ Add on
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **HUNNICUTT, JUANITA**
CITY- ST- ZIP **701 BARBER ST
SEBASTIAN, FLORIDA 00000**

2.1 TITLE ☐ Change ☐ Add on
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME **VST**
STREET ADDRESS **HUNNICUTT, JUANITA**
CITY- ST- ZIP **701 BARBER ST
SEBASTIAN, FLORIDA 00000**

3.1 TITLE ☐ Change ☐ Add on
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Add on
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Add on
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Add on
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:

Juanita Hunnicutt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-96 407-589-6677
Date: Digital Signature

CR2E034 (12/95)