

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 # **F40146 (5)**

1. Corporation Name:
W.C. III, INC.



Principal Place of Business: **1975 S.E. 32RD LN. Ocala FL 32671**
Mailing Address: **1975 S.E. 32RD LN. Ocala FL 32671**

2. Principal Place of Business: **1975 SE 32nd LA.**
2a. Mailing Address: **1975 SE 32nd LA.**
23. City & State: **Ocala**
28. City & State: **Ocala**
24. Zip: **34471** 25. Country: **MARION** 29. Zip: **34471** 30. Country: **MARION**

3. Date Incorporated or Qualified: **06/01/1981** 3a. Date of Last Report: **08/10/1995**
4. FET Number: **59-2169250** 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. 193.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
**RAY, W.C. III
1975 S.E. 31ST LANE
OCALA FL 32671**

10. Name and Address of New Registered Agent:
81. Name: **W.C. RAY III**
82. Street Address (P.O. Box Number is Not Acceptable): **1975 SE 32nd LA.**
83. City: **Ocala** 84. State: **FL** 85. Zip Code: **34471**

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 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 a resident of the State of Florida.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE	DP	<input type="checkbox"/> DELETE
2. NAME	RAY, W C, III	
3. STREET ADDRESS	1975 SE 31ST LANE.	
4. CITY, STATE, ZIP	OCALA, FL 00000	
5. TITLE		<input type="checkbox"/> DELETE
6. NAME		
7. STREET ADDRESS		
8. CITY, STATE, ZIP		<input type="checkbox"/> DELETE
9. TITLE		
10. NAME		
11. STREET ADDRESS		
12. CITY, STATE, ZIP		<input type="checkbox"/> DELETE
13. TITLE		
14. NAME		
15. STREET ADDRESS		
16. CITY, STATE, ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 1 or Block 13 if changed or on an attachment with an address.

SIGNATURE: **W.C. RAY III**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **2-27-96** 904-351-5832

CR2E034 (12/95)