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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9300004025

1. Corporation Name

WR CHARTER CORP.

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90173 040 ***158.75



Principal Place of Business Mailing Address							19 111 28 411 39 111 8181	1 82119 (
7800 BAYBERRY RD. 7800 BAYBERRY RD. JACKSONVILLE FL 32256 JACKSONVILLE FL 32256						DO NOT WRITE	IN THIS SPACE	Ē.		
						3. Date Incorporated or Qualifed 09/03/1993				
Principal Place of Business 2a. Mailing Address						4. FEI Number		Арр	lied For	
21	26					59-2916161				
Suite, Apt	Suite, Apt. #, etc. Suite, A					5. Certifcate of Status Desired		\$8.75 Additional Fee Required		
City & Sta	ite	City & State				Trust Fund Contribution			\$5.00 May Be Added to Fees	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Intangible				
24	25 29 30			Torochar Hopothy Tax				□No		
	9. Name and Address of Curren	t Registered Agent		04		10. Name and Address of New Reg	istered Agent			
Ė	LEDTON DOPEDT C			81	Name					
780	LERTON, ROBERT C 10 BAYBERRY RD.					ess (P.O. Box Number is Not Acceptable	3)			
JAC	CKSONVILLE FL 32256			83					İ	
				84	City		FL 85	Zip Cı	ode	
office or	t to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was at	Jthorized	l by	the corporatio	oration submits this statement for the pun's board of directors. I hereby accept the	rpose of changii he appointment	ng its r as reg	egistered istered	
SIGNATURE	•									
3IGIVATORE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered	Agen	t signature required		DATE			
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC				
TITLE	PC	☐ DELETE	1.1 TIT	ΠE			Ch:	ange	Addition	
NAME	REIN, WILLIAM F		1.2 NA	1.2 NAME						
STREET ADDRESS			1.3 ST	1.3 STREET ADDRESS					i	
CITY-ST-ZIP	JACKSONVILLE FL 32256			TY-S	r-zip				Addition	
TITLE	DTS	☐ DELETE	2.1 TI				Ch.	ange	[] Addition	
NAME		SECENTION, NOBELLO		ME						
STREET ADDRESS	· ·		2.3 STREET ADDRESS		ADDRESS				ļ	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST		T-ZIP		☐ Ch.		Addition	
TITLE		☐ DELETE	3.1 TF					al ige		
NAME			3.2 N						ļ	
STREET ADDRESS	S		3.3 ST	REE1	ADDRESS					
CITY-ST-ZIP		Cherese	34. C	_	T-ZIP		☐ Ch	2000	Addition	
TITLE		☐ DELETE	4.1 Tr					a ige	L. Addition	
NAME			4. 2 N						ì	
STREET ADDRESS	S				ADDRESS					
CITY-ST-ZIP		C) pricts	4.4 CI		T-ZIP		□ Ch	2000	Addition	
TITLE		DELETE	5.1 TI 5.2 N					ary c	(1, radinos)	
NAME					ADODESC					
STREET ADDRESS	s				ADDRESS				ļ	
CITY-ST-ZIP	<u> </u>	☐ DELETE	5.4 Cf		1- LIF			ange	Addition	
TITLE		□ pcreie	6.2 NA					3-		
NAME					ADDRESS					
STREET ADDRESS	s		6.4 CI							

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 changes or on a stagement with an address, with all other like empowered.

SIGNATURE:

FICER OR DIRECTOR