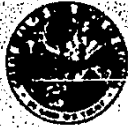


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 28 PM 1:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F99326 (3)**

1. Corporation Name  
**WAYLIN, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business: **3107 S.R. 44  
P.O. BOX 118  
WILDWOOD FL 34785  
US**

Mailing Address: **P. O. BOX 118  
P.O. BOX 118  
WILDWOOD FL 34785  
US**

3. Date Incorporated or Qualified: **09/14/1982**      3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business: **21**      2a. Mailing Address: **26**

4. FEI Number: **59-2226730**      Applied For:  Not Applicable:

Suite, Apt. #, etc.: **22**      Suite, Apt. #, etc.: **27**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

City & State: **28**      City & State: **28**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

Zip: **24**      Country: **25**      Zip: **29**      Country: **30**

8. This corporation has liability for intangible tax under S. 139.032, Florida Statutes:  Yes       No

9. Name and Address of Current Registered Agent: **GAY, LINDA  
6804 E C466  
OXFORD FL 34484**

10. Name and Address of New Registered Agent:

81 Name: \_\_\_\_\_

82 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_

83 \_\_\_\_\_

84 City: \_\_\_\_\_      85 Zip Code: **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GAY, ROBERT W.</b>	1.2 NAME	
STREET ADDRESS	<b>6804 E C466</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>OXFORD FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VST</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GAY, LINDA</b>	2.2 NAME	
STREET ADDRESS	<b>6804 E C466</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>OXFORD FL</b>	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(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: *Linda Gay*      **LINDA GAY**      4/17/95      904-748-3337

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