

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

CORPORATION ANNUAL REPORT 1995



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 95 MAR 29 PM 4:20

DOCUMENT # **G52052** (9)
 1. Corporation Name
WCI, INC.

Principal Place of Business Mailing Address
4535 CENTRAL AVENUE ST. PETERSBURG FL 33713
4535 CENTRAL AVENUE ST. PETERSBURG FL 33713

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/26/1983** 3a. Date of Last Report **03/29/1994**

4. FEI Number **59-2350631** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
**DANN, PHILIP W.
 540 4TH ST NO.
 ST. PETERSBURG FL 33701**

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 _____
(Signature, title or printed name of registered agent and title of corporation) (If 31E Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, ROBERT P.	12 NAME	
STREET ADDRESS	4535 CENTRAL AVE.	13 STREET ADDRESS	
CITY ST ZIP	ST. PETERSBURG FL	14 CITY ST ZIP	
TITLE	EV	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURTIS, JR., R. WILLIAM	22 NAME	
STREET ADDRESS	4535 CENTRAL AVE.	23 STREET ADDRESS	
CITY ST ZIP	ST. PETERSBURG FL	24 CITY ST ZIP	
TITLE	V	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, D. WAYNE	32 NAME	
STREET ADDRESS	4535 CENTRAL AVE.	33 STREET ADDRESS	
CITY ST ZIP	ST. PETERSBURG FL	34 CITY ST ZIP	
TITLE	S	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTINE, CLARA F.	42 NAME	
STREET ADDRESS	4535 CENTRAL AVE.	43 STREET ADDRESS	
CITY ST ZIP	ST. PETERSBURG FL	44 CITY ST ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(b), 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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *Clara F. Altine* 3/24/95 813-321-1141
(Signature) (Date) (Telephone Number)
 CLARA F. ALTINE, SECRETARY