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

PROFIT CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1998 DOCUMENT #

G64854

(4)

WESNIC SERVICES INC

**FILED** 

Feb 26 1998 8:00am

Secretary of State

116011	IIO OENVIOLO, IIVO.				
Principal Plac	ce of Business	Mailing Address	- ···-		TOBOT MINES MINIS NINES DINIS 1181
· '	ENDALE AVENUE	P.O. BOX 5927			
	LLE FL 32216	JACKSONVILLE FL 32207		DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified	O DI ACE
				10/12/1983	
2. Principal F	Place of Business	2a. Mailing Address	· <del></del>	4. FEI Number	Applied For
21		26		59-2345385	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State		City & State	•	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Z(p	Country		Added to Faes
24	25	<del> </del>	30	<ol><li>This corporation owes or has paid the of Personal Property Tax due June 30.</li></ol>	Yes No
24	9. Name and Address of Curre		30	10, Name and Address of New Registere	
Dr	OBIN, MARY A		81 Name		
	INDEPENDENT DRIVE				
	UITE 2600		B2 Street Add	ress (P.O. Box Number is Not Acceptable)	
	ACKSONVILLE FL 32202		83		
J	TOTOOTT ILLE I'L SEEDE				
		1、10万厘分配。1000年10万万	84 Cly	<b>本的公司,以他们的国际的人员的</b>	7 85 Zip Code
11. Pursuant		The state of the s		・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	<b>(1997</b> - 2017 日 2018
office or i	registered agent, or both, in the State	e of Florida. Such change was at	uthorized by the corporal	ociation submits this statement to the purpose tion's board of directors. I hereby accept the a	ppointment as registered
1	an taninal with, and accept the bong	jations of, Section 607,0505, Flor	ilua statutes.		J
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable. (NOTE:	Registered Agent signature requir	red when reinstating) DATE	
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PTD	DELETE	1.1 TITLE		Change Addition
NAME	HINES, ROBERT D.		1.2 NAME		;
STREET ADDRESS	6000 BOWDENDALE AVE.		1.3 STREET ADDRESS		];
CITY-ST-ZIP	JACKSONVILLE FL 32218		1.4 CITY - ST - ZIP		
TITLE	S	☐ DELETE	21 TITLE		Change Addition
NAME	SMITHWICK, BRENDA J		2.2 NAME		j
STREET ADDRESS	6000 BOWDENDALE AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32216		2.4 CITY-ST-ZIP		
TITLE	VP	DELETÉ	3.1 TITLE		Change
NAME	HINES, VICKI L.		3.2 NAME		
STREET ADDRESS	6000 BOWDENDALE AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32216		3.4. CITY-ST-ZIP		
TITLE		DELETÉ	4.1 TITLE		Change    Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADORESS			5.3 STREET ADDRESS		
CITY-\$1-ZIP		The series	5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	والمراج والمراج والمراج والماء والماء والماء والماء والماء والماء	Change Addition
NAME			62 NAME	3000024423 -02/27/98010140	. 30 °. ∣
STREET ADDRESS			6.3 STREET ADDRESS		12.26
CITY OF TID			CACITY OF 710	麦克莱 医光谱 (1)为	•

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 eath; 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.

ROBERT D. HINES, PRES. (904) 733-8444