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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 20 PM 4:12

CORPORATION
ANNUAL REPORT
1995

DOCUMENT # H05938 (6)

1. Corporate Name
WADE-TRIM, INC.

Principal Place of Business	Mailing Address
~~201 E KENNEDY BLVD. STE 334~~ ~~TAMPA FL 33602~~	4919 MEMORIAL HWY STE 200 TAMPA FL 33634 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
06/01/1984	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 4919 Memorial Hwy	26
Suite, Apt. #, etc. 22 Suite 200	Suite, Apt. #, etc. 27
City & State 23 Tampa	City & State 28
Zip 24 33634	Country 25 Hillsborough
Zip 29	Country 30

4. FEI Number	Applied For / Not Applicable
59-2417170	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GILDERSLEEVE, DAVID B. 4919 MEMORIAL HWY TAMPA FL 33634	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 _____
(Typed or printed name of individual who executed this application) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	☐ Change ☐ Addition
NAME	EICHLER, SHARON H.	12 NAME	
STREET ADDRESS	4919 MEMORIAL HWY	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	BEYER, DONALD G JR	22 NAME	
STREET ADDRESS	4919 MEMORIAL HWY	23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	TRIM, DONALD R.	32 NAME	
STREET ADDRESS	44696 HELM STR	33 STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH MI	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	WADE, ROBERT C.	42 NAME	
STREET ADDRESS	44696 HELM STR	43 STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH MI	44 CITY-ST-ZIP	
TITLE	SD	51 TITLE	☐ Change ☐ Addition
NAME	GILDERSLEEVE, DAVID B.	52 NAME	
STREET ADDRESS	4919 MEMORIAL HWY	53 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	54 CITY-ST-ZIP	
TITLE	TD	61 TITLE	☐ Change ☐ Addition
NAME	ZDYRSKI, DONALD E	62 NAME	
STREET ADDRESS	44696 HELM STR	63 STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH MI	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)(i), Florida Statutes. I further certify that the information indicated on this 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 above, if changed, or on an attached amendment, with an address.

SIGNATURE: David B. Gildersleeve 1/11/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Typed Name

0301778 CP