FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H05938** **(6)**

1. Corporation Name

WADE-TRIM, INC.

Principal Place of Business	Mailing Address
4919 MEMORIAL HWY 200 TAMPA FL 33634 US	4919 MEMORIAL HWY STE 200 TAMPA FL 33634 US

3. Date Incorporated or Qualified: **06/01/1984**

3a. Date of Last Report: **02/28/1995**

4. FEI Number: **59-2417170** ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

GILDERSLEEVE, DAVID B.
4919 MEMORIAL HWY
TAMPA FL 33634

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 Typed or Printed Name of Registered Agent and Title if Applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☐ DELETE	1.1 TITLE	V	☐ Change ☒ Addition
NAME	EICHLER, SHARON H.		1.2 NAME	JEFFREY D. TRIM	
STREET ADDRESS	4919 MEMORIAL HWY		1.3 STREET ADDRESS	4919 MEMORIAL HWY	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	TAMPA, FL	
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BEYER, DONALD G JR		2.2 NAME		
STREET ADDRESS	4919 MEMORIAL HWY		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TRIM, DONALD R.		3.2 NAME		
STREET ADDRESS	44696 HELM STR		3.3 STREET ADDRESS		
CITY-ST-ZIP	PLYMOUTH MI		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WADE, ROBERT C.		4.2 NAME		
STREET ADDRESS	44696 HELM STR		4.3 STREET ADDRESS		
CITY-ST-ZIP	PLYMOUTH MI		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GILDERSLEEVE, DAVID B.		5.2 NAME		
STREET ADDRESS	4919 MEMORIAL HWY		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ZDYRSKI, DONALD E		6.2 NAME		
STREET ADDRESS	44696 HELM STR		6.3 STREET ADDRESS		
CITY-ST-ZIP	PLYMOUTH MI		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: _____ 1/19/96 (813) 882-8366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #