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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # **H25859**

1. Corporation Name

STREET ADDRESS

WAGER COMPANY OF FLORIDA, INC.

						4			BIL BİBLI HEBI
Principal Place	e of Business	Mailing Address							
720-B INDUSTRY ROAD 720-B INDUSTRY ROAD									
P.O. BOX 520296 LONGWOOD FL 32752-7296		P.O. BOX 520296 LONGWOOD FL 32752-7296				DO NOT WRITE IN THIS SPACE			
LONGWOOD FL	. 32/32-72 3 0	CONGROOD IE GEIGE-12	LONGWOOD FL 32/32-/290			3. Date Incorporated or Qualifed			
						11/01/1984			
2 Principal P	lace of Business	2a. Mailing Address				4, FEI Number		App	lied For
21	idos di Edokioso	— ·	26			59-24 5 7244 59 ~	457244	Not	Applicable
Suite, Apt.	Suite, Apt. #, etc.	uite, Apt. #, etc.				9	8.75 A	dditional	
27						5. Certifcate of Status Desired		Fee Red	quired
City & State	e ,	City & State				6. Election Campaign Financing	· 🗆	\$5.00	May Be
23		28	28			Trust Fund Contribution Added to Fees			
Zip Country		Zip	Zip Country			8. This corporation owes the current year Intangible			
24	25 29 30			Personal Property Tax. ✓ Yes No			L No		
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
WACED VENT V				81	Name				
WAGER, KENT K.				82	Street Address (P.O. Box Number is Not Acceptable)				
732 RED WING DRIVE LAKE MARY FL 32746									
LANE	: MART FL 32/40			83					ļ
				84	City		8	35 Zip C	ode
					•		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.									pistered
SIGNATURE	Signature, typed or printed name of registered a	pent and title if anninable (NC	TF: Registered	Agent	signature required	when reinstating)	DATE		
12.		AND DIRECTORS	13.	1490111	2 grater o respense	ADDITIONS/CHANGES TO O	FICERS AND D	DIRECTO	RS IN 12
TITLE	PDT	☐ DELETE 1,1 TI		TLE] Change	☐ Addition
NAME	WAGER, KENT K.	KENT K. 12N		ME					
STREET ADDRESS	732 RED WING DRIVE		1.3 ST	1.3 STREET ADDRESS					
CITY-ST-ZIP	LAKE MARY FL			TY-ST	-ZIP				
TITLE	DS	☐ DELETE	2.1 TI] Change	Addition
NAME	WAGER, MARILYN A.	2.2 N		AME.					
STREET ADDRESS	732 RED WING DRIVE	•		REET	ADDRESS				ļ
CITY-ST-ZIP				2. 4 CITY-ST-ZIP					
TITLE	D	☐ DELETE 3.1 T					Ü] Change	Addition
NAMÉ	DEMRO, JR C	MRO, JR C		AME					
STREET ADDRESS	1523 LAKE SHORE RD		3.3 \$1	REET	ADDRESS				ĺ
CITY-ST-ZIP	ORLANDO FL 32803		3.4. C	ITY-ST	r-zip				
TITLE		☐ DELETE	4.1 TI	TLE] Change	☐ Addition i
NAME			4. 2 N	AME					
STREET ADDRESS			4.3 \$1	REET	ADDRESS		•		
CITY-ST-ZIP			4.4 CI	TY-ST	-ZIP				
TITLE		☐ DELETE	5.1 TI	TLE] Change	Addition
NAME			5.2 N	AME					
STREET ADDRESS			5.3 ST	REET	ADDRESS				
CITY-ST-ZIP		·		TY-ST	-ZIP				
TITLE		☐ DELETE	6.1 TT	TLE] Change	☐ Addition
NAME			6.2 N/	AME					.
	1		=		1	•			I

CITY-ST-ZIP 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90119 016 ***150.00