

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
32399-0001

APPROVED
AND
FILED

05 MAY - 1 1995

SECRETARIAL OFFICE
TALLAHASSEE, FLORIDA

DOCUMENT # H54134

(2)

1. Corporation Name

WSI, INC.

Principal Place of Business

FIRST UNION NATIONAL BANK OF FL LEGAL DIV
225 WATER ST.
JACKSONVILLE FL 32202

Mailstop Address

FIRST UNION NATIONAL BANK OF FL LEGAL DIV
225 WATER ST.
JACKSONVILLE FL 32202

(DO NOT WRITE IN THIS SPACE)

3. Date incorporated or qualified

04/23/1985

3a. Date of Last Report

05/01/1994

4. FID Number

59-2592196

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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 attorney's fees under 15-199.03,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Street Address

Street Address

22

27

City & State

City & State

23

28

Zip

Country

City

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4

City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 601, 602 and 603, 1549, 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 this appointment as registered agent. I am familiar with and accept the obligations of a registered agent under Florida Statutes.

SIGNATURE

Signature of Registered Agent (Type name, print name, and address)

Signature of New Registered Agent (Type name, print name, and address)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	S
2. STREET ADDRESS	MILLER, JERRY M
3. CITY & STATE	301 S COLLEGE ST CHARLOTTE NC
4. NAME	D
5. STREET ADDRESS	HODNETT, BYRON E
6. CITY & STATE	225 WATER STREET JACKSONVILLE FL
7. NAME	D
8. STREET ADDRESS	MITCHELL, JOHN A. III
9. CITY & STATE	225 WATER STREET JACKSONVILLE FL
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. NAME	
14. STREET ADDRESS	
15. CITY & STATE	
16. NAME	
17. STREET ADDRESS	
18. CITY & STATE	
19. NAME	
20. STREET ADDRESS	
21. CITY & STATE	

1. NAME	D
2. STREET ADDRESS	WERTZ, LARRY J.
3. CITY & STATE	225 WATER STREET JACKSONVILLE, FL
4. NAME	
5. STREET ADDRESS	
6. CITY & STATE	
7. NAME	
8. STREET ADDRESS	
9. CITY & STATE	
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. NAME	
14. STREET ADDRESS	
15. CITY & STATE	
16. NAME	
17. STREET ADDRESS	
18. CITY & STATE	
19. NAME	
20. STREET ADDRESS	
21. CITY & STATE	

14. I, the undersigned, certify that the information furnished with this document is true and correct, and does not qualify for the exemption stated in Section 601.02(1)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and correct, and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this corporation or the registered agent designated to execute this report as required by Chapter 601, Florida Statutes, and that my name appears on Block 1, or Block 1a, of the report or supplemental report with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY J. WERTZ

4/28/95

(904) 361-3357