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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H54134

(2)

Mailing Address

WSI, INC.

Principal Frace of Business

FILED
May 02 1997 8:00am
Secretary of State

FIRST UNION NATIONAL BANK OF FL. LEGAL DIV 225 WATER ST. JACKSONVILLE FL 32202		FIRST UNION NATIONAL BANK OF FL. LEGAL DIV 225 WATER ST. JACKSONVILLE FL 32202-5185		3. Date Incorporated or Qualified	3a, Date of Last Report 05/01/1996			
					04/23/1985	10/01	*	
1	Place of Business	2a. Mailing Address			4. FEI Number		<u> </u>	plied For
21		26		· · · · · · · · · · · · · · · · · · ·	59-2592196	<u></u>		ot Applicable
Suite, Apt.	. #, Glc.	Suite, Apt #, etc.			5. Certificate of Status Desired	X		Additional equired
City & Star	te	City & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees
Ζψ 24	Country 25	Z(p 29	Count 30	у	This corporation has liability for in Florida Statutes		x under s No	199.032,
	g. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	lstered Ag	ent	
THE	PRENTICE-HALL CORPORATION	SYSTEM INC.	8	Name				
120	1 HAYS STREET		8:	2 Street Add	ress (P.O. Box Number is Not Acceptab	le)		
	TE 105							
TAL	LAHASSEE FL 32301		8	3			•	
			8	1 City		FL	85 Zip	Code
agent ta SIGNATURE 12,	am familiar with and accept the obligation of injected age OFFICERS AND	tions of, Section 607.0505, F	Florida Statut	es.	ation's board of directors. I hereby acception and the second of directors and the second of the sec	DATE:		
112, 100F	I D	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICE		Change	Addition
MAME	WERTZ, LARRY J		1.2 NAM	1 "	HODNETT, BYRON E.	1	_ triungo	7-4-100
STREET ADDRESS.	225 WATER STREET				225 WATER ST.			
CHY-SI-700	JACKSONVILLE FL		1.4 CITY		JACKSONVILLE. FL 3220	12		
Tifti	D	DELETE	2.1 1171.6		VIVIDONI ILLES IL DELL		Change	Addition
NAME	THOMPSON, KENNEDY G.	/ \	2.2 NAM	: 1				
STREET ADDRESS	AND MATER OTRECT		2.3 STRE	ET ADDRESS				
Calify Silv ZIP	JACKSONVILLE FL 32202		2. 4 CITY	-ST-ZIP				
TITLE	D	☐ ·DELETE	3.1 TITLE				Change	Addition
NAME	MITCHELL, JOHN A. III		3.2 NAM					
STREET ADORESS			3.3 STRE	et address				
CHY-\$1 70°	JACKSONVILLE FL			-ST-ZIP			7	
1-ILF		[_] DELETE	4.1 TITLE	[L	Change	Addition
NAME			4. 2 NAM	1				
STREET ADDRESS				ET ADDRESS				
CHY ST-70P		DELETE	4.4 CITY				Change	Addition
TIME	}	C) official	5.1 TITLE	ľ		L	crente	TT VOORIOU
NAME CONTRACTOR			5.2 NAM	ì				
STREET ADDRESS			1	ET ADDRESS				
City S ZIP Title		DELETE	5.4 CITY 6.1 TITLE				Change	Addition
NAMI		Last occur	6.2 NAM	ſ				
SEELLAUDIESS				ET ADDRESS				
oner Accident				-ST-71P				

14. I do 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.

SIGNATURE:

CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

(904)361-3651