

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # H82915 (0)**

1. Corporation Name

**W.D.S. ENTERPRISES, INC.**



Principal Place of Business: **1455 FRANCES DR. DAYTONA BEACH FL 32124**  
Mailing Address: **P. O. BOX 10408 DAYTONA BEACH FL 32120 US**

3. Date Incorporated or Qualified: **10/22/1985**  
3a. Date of Last Report: **08/10/1995**  
4. FEI Number: **59-2603723**  
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. 193.032, Florida Statutes:  Yes  No

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

**9. Name and Address of Current Registered Agent**

**RHYNARD, M.A.  
515 S. RIDGEWOOD AVENUE  
DAYTONA BEACH FL 32114**

**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

Signature of the principal place of business, registered agent and the applicable (NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	<b>SMITH, DAVID WESLEY</b>	
STREET ADDRESS	<b>1455 FRANCES DR</b>	
CITY - ST - ZIP	<b>DAYTONA BEACH FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>SMITH, RODNEY PAUL</b>	
STREET ADDRESS	<b>1475 FRANCES DR</b>	
CITY - ST - ZIP	<b>DAYTONA BEACH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	<b>854 BOBCAT TRAIL</b>
23 STREET ADDRESS	<b>Port Orange, FL 32119</b>
24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE: David W. Smith** **David W. Smith** **Aug. 5, 1996** **904-254-5120**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Digitized Phone #

CR2E034 (3/96)