

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H85835

(7)

1. Corporation Name
WAGLE'S, INC.



Principal Place of Business

WILLIAM E. WAGLE, JR.
344 VAIL DR., SE
WINTER HAVEN FL 33884
US

Mailing Address

WILLIAM E. WAGLE, JR.
344 VAIL DR., SE
WINTER HAVEN FL 33884
US

3. Date Incorporated or Qualified 11/18/1985	3a. Date of Last Report 01/23/1995
4. FEI Number 59-2633722	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. 193.032, Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

WAGLE, WILLIAM E. JR.
344 VAIL DR. SE
WINTER HAVEN FL 33884

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	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

SIGNATURE: *William E. Wagle, Jr., Pres* William E. Wagle, Jr., Pres 10 Feb 96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	2. NAME	1.1 TITLE	1.2 NAME
3. STREET ADDRESS	4. CITY, ST, ZIP	1.3 STREET ADDRESS	1.4 CITY, ST, ZIP
5. TITLE	6. NAME	2.1 TITLE	2.2 NAME
7. STREET ADDRESS	8. CITY, ST, ZIP	2.3 STREET ADDRESS	2.4 CITY, ST, ZIP
9. TITLE	10. NAME	3.1 TITLE	3.2 NAME
11. STREET ADDRESS	12. CITY, ST, ZIP	3.3 STREET ADDRESS	3.4 CITY, ST, ZIP
13. TITLE	14. NAME	4.1 TITLE	4.2 NAME
15. STREET ADDRESS	16. CITY, ST, ZIP	4.3 STREET ADDRESS	4.4 CITY, ST, ZIP
17. TITLE	18. NAME	5.1 TITLE	5.2 NAME
19. STREET ADDRESS	20. CITY, ST, ZIP	5.3 STREET ADDRESS	5.4 CITY, ST, ZIP
21. TITLE	22. NAME	6.1 TITLE	6.2 NAME
23. STREET ADDRESS	24. CITY, ST, ZIP	6.3 STREET ADDRESS	6.4 CITY, ST, ZIP

14. I 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 from an attachment with an address.

SIGNATURE: *William E. Wagle, Jr., Pres* William E. Wagle, Jr., Pres 10 Feb 96 941-294-8424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)