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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J02819 1. Corporation Name WAKOA, INC.						01-20-1999 90004 033 *****130.00		
Principal Place of Business Mailing Address						T HOUSING BILL FEATO TROUB HARDE THOSE DIGHT BROKE GROLE		
3295 CRAWFOR SUITE 8 CRAWFORDVILL	POVILLE HWY	P.O. BOX 12335 TALLAHASSEE FL 32317				DO NOT WRITE IN THIS SPACE		
US						3. Date Incorporated or Qualifed 03/07/1986		
2. Principal Place of Business 2a. Mailing Addre						4. FEI Number Applied For		
21	4	26				59-2672216 Not Applicable		
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & Stat	е	City & State				6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year Intangible		
24	25 9. Name and Address of Curre	nt Bouletored Arent	30	г—-		Personal Property Tax.		
-	5. Name and Address of Curre	iit vadistatan Affaur		81	Name	IV. Name and Address of New Registered Agent		
MOOSHIE, JOHN S.								
1002 WAKULLA SPRINGS RD				82	Street Ad	ddress (P.O. Box Number is Not Acceptable)		
CRAWFORDVILLE FL 32327				83		- 		
				84	City	EI 85 Zip Code		
11. Pursuant	to the provisions of Sections 607.05	02 and 607 1508. Florida Statut	es the a	hove	e-named co	prporation submits this statement for the purpose of changing its registered		
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was a	uthorized	by	the corpora	ation's board of directors. I hereby accept the appointment as registered		
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register 12. OFFICERS AND DIRECTORS 13				Agen	t signature requi	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
MILE	PDST	DELETE	1.1 TITLE			Change Addition		
NAME	MOOSHIE, JOHN S.	 :	1.2 NA					
STREET ADDRESS	4000 14444111 4 0000100 00				ADDRESS			
CITY-ST-ZIP	7-ST-ZIP CRAWFORDVILLE FL 32327		1.4 CI		1			
TITLE		☐ DELETE	2.1 TIT			☐ Change ☐ Addition		
NAME			2.2 NA	ME				
STREET ADDRESS			2.3 ST	REET	ADDRESS			
CITY-ST-ZIP	2		2. 4 Cf	2. 4 CITY-ST-ZIP				
TITLE	☐ DELETE 3.1		3.1 Tश	3.1 TTILE		☐ Change ☐ Addition		
NAME	321		3.2 NA	ME				
STREET ADDRESS			3.3 ST	REET	ADDRESS			
CITY-ST-ZIP			3.4. CI	TY-S1	T-ZIP			
TITLE		☐ DELETE	4.1 TIT	LΕ		☐ Change ☐ Addition		
NAME			4. 2 N	AME				
STREET ADDRESS	,		4.3 ST	REET	ADDRESS			
CITY-ST-ZIP	* *		4.4 CIT		- ZIP			
TITLE			5.1 TIT	lΕ	1	☐ Change ☐ Addition }		

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 chapter or on an attachment with an address, with all other like empowered.

5.2 NAME 5.3 STREET ADDRESS

6.2 NAME

5.4 CITY-ST-ZIP 6.1 TITLE

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

FILED

Jan 20, 1999 8:00am

Secretary of State

☐ Change

Addition