

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

FILED
Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J02862** (7)

1. Corporation Name
WAYNE YARBOROUGH ENTERPRISES, INC.

Principal Place of Business 109 SOUTH 6TH STREET MACLENNY FL 32063	Mailing Address 109 SOUTH 6TH STREET MACLENNY FL 32063-2313
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2. Principal Place of Business 21 CR 23 A North Suite, Apt. #, etc.		2a. Mailing Address 26 Rt 2, Box 387-C Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/05/1986	3a. Date of Last Report 01/30/1996
22 City & State 23 Macclenny, Fla.		27 City & State 28 Macclenny, Fla.		4. FEI Number 59-2755908	Applied For Not Applicable
24 Zip 32063		25 Country Baker		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
26 Zip 32063		27 Country Baker		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent YARBOROUGH, BETTIE CR 23A NORTH MACLENNY 32063				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 *Bettie V. Yarbrough* DATE **4-19-97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YARBOROUGH, F. WAYNE	1.2 NAME	
STREET ADDRESS	CR 23A NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	MACLENNY FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YARBOROUGH, BETTIE V.	2.2 NAME	
STREET ADDRESS	CR 23A NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	MACLENNY FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALEY, ROY	3.2 NAME	
STREET ADDRESS	CR 23 D	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST MARY FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 *Bettie V. Yarbrough* DATE **4-19-97** TELEPHONE # **904-259-7917**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)