


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

FILED

Apr 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS																																																																																																																																					
DOCUMENT # J12020 (0) 1. Corporation Name DON WEDGE, INC.																																																																																																																																							
Principal Place of Business % DON G. WEDGE RT 1, BOX 558C MYAKKA CITY FL 34251		Mailing Address % DON G. WEDGE RT 1, BOX 558C MYAKKA CITY FL 34251-9801																																																																																																																																					
2. Principal Place of Business 21 900 4TH ST W. Suite, Apt. #, etc. 22 City & State 23 PALMETTO FLORIDA Zip Country 24 34221 USA		2a. Mailing Address 26 900 4TH ST W Suite, Apt. #, etc. 27 City & State 28 PALMETTO FLORIDA Zip Country 29 34221 USA																																																																																																																																					
3. Date Incorporated or Qualified 04/30/1986		3a. Date of Last Report 02/12/1996																																																																																																																																					
4. FEI Number 59-1782507		Applied For Not Applicable																																																																																																																																					
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																																																																					
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																																					
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																							
9. Name and Address of Current Registered Agent WEDGE, DON G. RT 1, BOX 558C MYAKKA CITY FL 33551		10. Name and Address of New Registered Agent 81 Name SAME 82 Street Address (P.O. Box Number is Not Acceptable) 7811 55TH ST EAST 83 84 City PALMETTO FL 85 Zip Code 34221																																																																																																																																					
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 Alice J. Wedge D. DATE 3-24-97 (NOTE: Registered Agent signature required when reinstating)																																																																																																																																							
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>PD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>WEDGE, DON G.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>RT 1, BOX 558C</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MYAKKA CITY FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>WEDGE, ALICE J.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>RT 1, BOX 558C</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MYAKKA CITY FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	PD	<input type="checkbox"/> DELETE	NAME	WEDGE, DON G.		STREET ADDRESS	RT 1, BOX 558C		CITY-ST-ZIP	MYAKKA CITY FL		TITLE	D	<input type="checkbox"/> DELETE	NAME	WEDGE, ALICE J.		STREET ADDRESS	RT 1, BOX 558C		CITY-ST-ZIP	MYAKKA CITY FL		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 <table border="1"> <tr> <td>1.1 TITLE</td> <td>SAME</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td>SAME</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td>7811 55TH ST EAST</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td>PALMETTO FLORIDA 34221</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td>SAME</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td>SAME</td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td>7811 55TH ST EAST</td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td>PALMETTO FLORIDA 34221</td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		1.1 TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME	SAME		1.3 STREET ADDRESS	7811 55TH ST EAST		1.4 CITY-ST-ZIP	PALMETTO FLORIDA 34221		2.1 TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME	SAME		2.3 STREET ADDRESS	7811 55TH ST EAST		2.4 CITY-ST-ZIP	PALMETTO FLORIDA 34221		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME			3.3 STREET ADDRESS			3.4 CITY-ST-ZIP			4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME			4.3 STREET ADDRESS			4.4 CITY-ST-ZIP			5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME			5.3 STREET ADDRESS			5.4 CITY-ST-ZIP			6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME			6.3 STREET ADDRESS			6.4 CITY-ST-ZIP		
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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: Alice J. Wedge D DATE: 3-24-97 PHONE: 941-721-0608 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																																							

CR2E034 (9/96)