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**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 28 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J48602 (3)

1. Corporation Name

WABASSO COMMERCIAL GROVE, INC.

Principal Place of Business

**3001 WESTON PKWY
RALEIGH NC 27636-3068
US**

Mailing Address

**3001 WESTON PKWY
RALEIGH NC 27636-3068
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/23/1986

3a. Date of Last Report

04/19/1994

4. FEI Number

59-2763917

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. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 3001 Weston Parkway

Suite, Apt. #, etc.

22
City & State

23 Cary, North Carolina

Zip

24 27513

Country

25 USA

2a. Mailing Address

26 P. O. Box 33068

Suite, Apt. #, etc.

27
City & State

28 Raleigh, North Carolina

Zip

29 27636

Country

30 USA

9. Name and Address of Current Registered Agent

**CALDWELL, WILLIAM W.
756 BEACHLAND BLVD
VERO BEACH FL 32963**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP**
NAME **BLAKE, WILLIAM**
STREET ADDRESS **1105 WAVERLY PLACE**
CITY - ST - ZIP **MILWAUKEE WI**

TITLE **DVP**
NAME **WRIGHT, ROBERT G**
STREET ADDRESS **3001 WESTON PKWY**
CITY - ST - ZIP **CARY NC**

TITLE **VPS**
NAME **VICK, C. E JR.**
STREET ADDRESS **3001 WESTON PKWY**
CITY - ST - ZIP **CARY NC**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

2 1 TITLE ☐ Change ☐ Addition

2 2 NAME
2 3 STREET ADDRESS
2 4 CITY - ST - ZIP

3 1 TITLE ☐ Change ☐ Addition

3 2 NAME
3 3 STREET ADDRESS
3 4 CITY - ST - ZIP

4 1 TITLE ☐ Change ☐ Addition

4 2 NAME
4 3 STREET ADDRESS
4 4 CITY - ST - ZIP

5 1 TITLE ☐ Change ☐ Addition

5 2 NAME
5 3 STREET ADDRESS
5 4 CITY - ST - ZIP

6 1 TITLE ☐ Change ☐ Addition

6 2 NAME
6 3 STREET ADDRESS
6 4 CITY - ST - ZIP

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 included 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Robert G. Wright

919-677-2000

(Date)

(Telephone Number)