FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Mar 18 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mogtham 🗻 **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (8)J59061 WIG SHOP, INC. Principal Place of Business Mailing Address 7362 Nomel, Dr. 9320 U.S. HWY 19 SUGG ELIGRAL DR PORT RICHEY FL 34668 SPRING HILL FL 34607 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/24/1987 2. Principal Place of Business 2s. Mailing Address Applied For 59-1300985 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country This corporation owes or has paid the current year Intangible Yes_ □ No 30 Personal Property Tax due June 30. ress of Current Registered Agent 10. Name and Address of New Registered Agent 81 C/O WIG SHOP, INC. 82 9320 U.S. HIGHWAY 19 PORT RICHEY FL 34668 84 Zip Code 11. Pursuant to the provisions of Soctions 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, Soction 607.0505, Florida Statutes. SIGNATURE and title if applicable (NOTE: Registered Agent signature required ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE MAZZEI, ANN L 1.2 NAME 8199 FLORAL DR. STREET ADDRESS 1.3 STREET ADDRESS 1.11, 14, 34607-2419 SPRING HILL FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change 21 TITLE TITLE 2.2 NAME NAME STREET ADORESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP Addition DELETE Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE ☐ Change Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-71P 4.4 CITY-ST-ZIP Addition DELETE Change TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition

14. Thereby 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 ennual 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 changes or on an attachment with an address.

SIGNATURE:

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

NAME

STREET ADDRESS