

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**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 # J60980 (6)

1. Corporation Name

WABASSO INDUSTRIAL GROVE, INC.

Principal Place of Business

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

Mailing Address

**3001 WESTON PKWY
744 BEACHLAND BLVD.
RALEIGH NC 27636-3068
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/02/1987

3a. Date of Last Report

04/19/1994

4. FEI Number

65-0014804

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 3001 Weston Parkway

2a. Mailing Address

26 P. O. Box 33068

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Cary, North Carolina

City & State

28 Raleigh, North Carolina

Zip

24 27513

Country

25 USA

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 registering)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

1.2 NAME

1.3 STREET ADDRESS

1.4 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 110.07(3)(k), 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:

Robert G. Wright

919-677-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER