## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # 1. Corporation Name WACKO'S, INC. Principal Place of Business Mailing Address 23 N. UNIVERSITY BLVD. 3484 CHARMONT DRIVE JACKSONVILLE FL 32211 JACKSONVILLE FL 32211 3. Date Incorporated or Qualified 3a. Date of Last Report 08/04/1987 09/18/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 Applied For 26 59-2844034 Suite, Apt. #, etc. Not Applicable Suite, Apt. #, etc. 22 \$8.75 Additional 5. Certificate of Status Desired 27 City & State Fee Required City & State 6. Election Campaign Financing 23 \$5.00 May Be 28 Trust Fund Contribution Zip Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SCANTLING, BRENDA P. 82 Street Address (P.O. Box Number is Not Acceptable) 3484 CHARMONT DRIVE JACKSONVILLE FL 32211 83 84 City 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. DATE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (12/95) TITLE PTS T DELETE 1. 1 TITLE Change ☐ Addition NAME SCANTLING, BRENDA P. 1.2 NAME STREET ADDRESS 3484 CHARMONT DRIVE 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 CrTY - ST - 2rF TITLE DELETE 2. 1 TITLE Change Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-7IP 24 CITY-ST-ZIP TITLE DELETE 3 1 TITLE Change NAME Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-7IP 34 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5. 1 TITLE Change Addition NAME **5.2 NAME** STREE! ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6 1 TITLE Change Add tion NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. Ido 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)(b). 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 appears in Block 12 or Block 13 or changed, or on a fattach pertivation and adjusts.

Brenda P. Scantling 4/30/44 748-3330

SIGNATURE: