SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:55

DOCUMENT # K82806 (6)

1. Corporation Name
WAKEFIELD INVESTMENTS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
~~605 PARKWAY 575~~	~~P.O. BOX 1425~~
~~BOX 1425~~	~~BOX 1425~~
~~WOODSTOCK GA [illegible]~~	~~WOODSTOCK GA [illegible]~~
US	US

DO NOT WRITE IN THIS SPACE

	2. Principal Place of Business		2a. Mailing Address
21	760 BROADWAY	26	760 BROADWAY
22	Suite, Apt #, etc. 2nd FLR	27	Suite, Apt #, etc. 2nd FLR
23	City & State LONGBOAT KEY FL	28	City & State LONGBOAT KEY FL
24	Zip 34228 · 25 Country USA	29	Zip 34228 · 30 Country USA

3. Date Incorporated or Qualified: 04/24/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1571628 ☐ 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

9. Name and Address of Current Registered Agent

~~HART, DONALD G., JR.~~
~~100 S. ASHLEY DRIVE~~
~~SUITE 1500, P O BOX 3273~~
~~TAMPA FL 33601~~

10. Name and Address of New Registered Agent

81 Name: THOMAS C. OSTERMANN
82 Street Address (P.O. Box Number is Not Acceptable): 760 BROADWAY
83
84 City: LONGBOAT KEY FL 85 Zip: 34228

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] T.C. OSTERMANN PRES 6-26-95
Signature, typed or printed name of registered agent and title if applicable (REQUIRED if registered agent is being changed) · DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1 TITLE	☒ Change ☐ Addition
NAME	OSTERMANN, THOMAS C.	1 NAME	
STREET ADDRESS	~~605 PARKWAY 575~~	1 STREET ADDRESS	760 BROADWAY
CITY-ST-ZIP	~~WOODSTOCK GA~~	1 CITY-ST-ZIP	LONGBOAT KEY FL 34228
TITLE		2 TITLE	☐ Change ☐ Addition
NAME		2 NAME	
STREET ADDRESS		2 STREET ADDRESS	
CITY-ST-ZIP		2 CITY-ST-ZIP	
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

CR2E034 (3/95)

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)(a), 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: [signature] T.C. OSTERMANN PRES (941) 383 0511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Daytime Phone #
Date 6-26-95

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