SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # K82806 (6)

1. Corporation Name

WAKEFIELD INVESTMENTS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
~~780 BROADWAY~~ ~~2ND FLOOR~~ ~~LONGBOAT KEY FL 34228~~ ~~US~~	~~780 BROADWAY~~ ~~2ND FLOOR~~ ~~LONGBOAT KEY FL 34228~~ ~~US~~
2. Principal Place of Business: 21 4338 15th ST N	2a. Mailing Address: 26 4338 15th St. N.
Suite, Apt #, etc: 22	Suite, Apt #, etc: 27
City & State: 23 ST PETERSBURG, FL	City & State: 28 ST PETERSBURG FL
Zip: 24 33703 Country: 25 USA	Zip: 29 33703 Country: 30 USA

3. Date Incorporated or Qualified: 04/24/1989
3a. Date of Last Report: 06/30/1995
4. FEI Number: 58-1571628 ☐ 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

~~OSTERMANN, THOMAS C~~
~~780 BROADWAY~~
~~LONGBOAT KEY FL 34228~~

10. Name and Address of New Registered Agent

81 Name: OSTERMANN THOMAS C.
82 Street Address (P.O. Box Number is Not Acceptable): 4338 15th St N
83
84 City: ST PETERSBURG FL 85 Zip Code: 33703

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 8-1-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

Field	Entry
TITLE	~~DP~~ ☐ DELETE
NAME	~~OSTERMANN, THOMAS C~~
STREET ADDRESS	~~780 BROADWAY~~
CITY-ST-ZIP	~~LONGBOAT KEY FL~~
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Entry
1.1 TITLE	PR ☒ Change ☐ Addition
1.2 NAME	THOMAS C. OSTERMANN
1.3 STREET ADDRESS	4338 15th ST. NO.
1.4 CITY-ST-ZIP	ST PETERSBURG FL 33703
2.1 TITLE	TR ☐ Change ☒ Addition
2.2 NAME	CAROL A. HAGUE
2.3 STREET ADDRESS	10811 INDIAN HILLS CT - 40
2.4 CITY-ST-ZIP	SEMINOLE FL 33777
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 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 617, 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 8/1/96 (813) 525 7506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)