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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 10:56

DOCUMENT # K92053

(3)

1. Corporation Name

W C ENTERPRISES, INC.

Principal Place of Business

% WILLIAM A. CHAMBERLAIN
3801 S.E. FEDERAL HWY
STUART FL 34997

Mailing Address

% WILLIAM A. CHAMBERLAIN
3801 S.E. FEDERAL HWY
STUART FL 34997

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1989

3a. Date of Last Report

04/20/1994

4. FEI Number

65-0121873

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CHAMBERLAIN, WILLIAM A.
3801 S.E. FEDERAL HWY.
STUART FL 34997

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 of agent or certain names of registered agent and the corporation)

(Signature of Registered Agent or certain names of registered agent)

(Date)

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

CHAMBERLAIN, WILLIAM A.

STREET ADDRESS

3801 S.E. FED. HWY

CITY, ST, ZIP

STUART FL

TITLE

S

NAME

CHAMBERLAIN, WILLIAM F.

STREET ADDRESS

3801 S. FEDERAL HWY.

CITY, ST, ZIP

STUART FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

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

D P T

1.2 NAME

WILLIAM A. CHAMBERLAIN

1.3 STREET ADDRESS

3801 S FEDERAL HIGHWAY

1.4 CITY, ST, ZIP

STUART, FLORIDA 34997

2.1 TITLE

D S V

2.2 NAME

WILLIAM F. CHAMBERLAIN

2.3 STREET ADDRESS

3801 S. FEDERAL HIGHWAY

2.4 CITY, ST, ZIP

STUART, FLORIDA 34997

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

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)(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 oath, that I am an officer or director of this 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:

William F. Chamberlain

William F. Chamberlain, Sec. 2/28/95

(407) 283 6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Typed Name)