

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. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K92053 (3)

1. Corporation Name

W C ENTERPRISES, INC.

FILED

96 SEP 11 AM 9:55

SECRETARY OF STATE



Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

2a. Mailing Address

21 2755 S.E. Federal Hwy

26 2755 SE Federal Hwy.

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23 Stuart FL

28 Stuart FL

Zip

Zip

Country

Country

24 34994

25 USA

29 34994

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 the person who is the registered agent and the applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPT ☐ DELETE

NAME CHAMBERLAIN, WILLIAM A.
STREET ADDRESS 3801 S.E. FED. HWY
CITY - ST - ZIP STUART FL

TITLE DSV ☐ DELETE

NAME CHAMBERLAIN, WILLIAM F.
STREET ADDRESS 3801 S. FEDERAL HWY.
CITY - ST - ZIP STUART 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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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

2445 S.E. Federal Hwy.
34994

2445 S.E. Federal Hwy.
34994

300001955153
-09/24/96--01137--024

****225.00 ****225.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/96

561-288-1999

CR2E034 (3/96)