DOCOONTERIN P-IF NS 27725         1. Entity Name         WI-CO, INC.         Principal Place of Business         C/0 JOHN H. WILLIAMS JR.         G60 NORTH CITRUS AVENUE         CYSTAL RIVER, FL 34428         US         DO NOT WRITE IN THIS SPACE         Jan 20, 2004       08:00 AM Secretary of State         Jan 20, 2004       08:00 AM Secretary of State         US       C/0 JOHN H. WILLIAMS JR.         C/0 JOHN H. WILLIAMS JR.       C/0 JOHN H. WILLIAMS JR.         PO, BOX 381       CRYSTAL RIVER, FL 34423       US         O1052004       No Chg-P       CR2E034 (10/03)         4. FEI Number       Applied For	2	2004 FOR PROFIT ANNUAL	CORPORATIC	<b>N</b>				
CO DINK WILLIAMS, DATABLE CRYSTAL RURE, R. 34423 US  CRYSTAL RURE, R. 134423 US  CRYSTAL RURE, R. 13442 US  CRYSTAL RURE, R. 134	1. Entity Name							
DO NOT WRITE IN THIS SPACE       Discord No Charge CREEDAL (1003)       4. FEI Number 53-2051407       Note Charge of Control Registered Agent.       WILLAMS, JOHN H. J.R. 660 NORTH CITRLS AVENUE CONTSTAL REVER, FL 34428       DO NOT WRITE IN THIS SPACE       ON THIS AVENUE CONTSTAL REVER, FL 34428       DO NOT WRITE IN THIS SPACE       ON THIS AVENUE CONTSTAL REVER, FL 34428       DO NOT WRITE IN THIS SPACE       ON THIS AVENUE CONTSTAL REVER, FL 34428       DO NOT WRITE IN THIS SPACE       ON THIS AVENUE CONTSTAL REVER, FL 34428       DO ROT WRITE IN THIS SPACE       MULTING AVENUE CONTSTAL REVER, FL 34428       WILLAMS, JOHN H. JR. STORMAUME       WILLAMS, JOHN H. JR. STORMAUME, FL 34428       WILLAMS, JOHN H. JR. STORMAUME, CONSTAL REVER, FL 34428       WILLAMS, JOHN H. JR. STORMAUME, FL 34428       WILLAMS, JOHN H. JR. STORMAUME, FL 34428       WILLAMS, JOHN H. JR. STORMAURE, FL 34428       WILLAMS, JOHN H. JR. STORMAURE, FL 34428       WILLAMS, JOHN H. JR. STORMAUR	C/O JOHN H. 660 North	WILLIAMS IR. CITRUS AVENUE	C/O JOHN H. WILLIAMS JR. PO. BOX 381	US				
WILLIAMS, JOHN H. J.R.       GGO NORTH CITRUS AVENUE         CRYSTAL RIVER, FL 34428       DD NOT WRITE         In the above named onkity submits this statement for the purpose of changing its registered agent, or bolt, in the State of Florific. Fam familiar wellt, and accept the objection of registered agent.       Family State of Florific. Fam familiar wellt, and accept the objection of registered agent.         SIGNATURE       FILE NOW!!! FEE IS \$160.000       P. Election Campingh Financing       \$5.00 May Ba         Arter May 1, 2004 Fee will be \$550.00       P. Election Campingh Financing       \$5.00 May Ba         Med       OFFICEIS AND DIRECTORS       P. Election Campingh Financing       \$5.00 May Ba         Mill MAMS, JOHN H. J.R.       OFFICEIS AND DIRECTORS       P. U000000008848       01/20/04-80082-006 158.75         Mill MAMS, JOHN H. J.R.       OFFICEIS AND DIRECTORS       P. U000000008848       01/20/04-80082-006 158.75         Mill MAMS, JOHN H. J.R.       OFFICEIS AND DIRECTORS       P. U000000008848       01/20/04-80082-006 158.75         Mill MAMS, JOHN H. J.R.       OFFICEIS AND DIRECTORS       P. U000000008848       DD NOT WRITE         Mill MAMS, JOHN H. J.R.       Statement Mark Statement May Ba Addres	D		CE	E 01052004 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired S8.75 Additional				
The obligations of registered agont.  SIGNATURE  Sequence spectrum readed when refracting agont and the fragments  After May 1, 2004 Fee will be \$550.00  After May 1, 2004 Fee will be \$550.00  After May 1, 2004 Fee will be \$550.00  CRUELENS AND DIRECTORS  CRUETER SORRS  SEGN NORTH CITRUS AVENUE  STER SORRS  SEGN NORTH CITRUS AVENUE  STER SORRS  SEGN NORTH CITRUS AVENUE  STER SORRS  SEGN NORTH CITRUS AVENUE  SEGN SORRS  SEGN	660 NORT	, JOHN H. JR. H CITRUS AVENUE						
After May 1, 2004 Fee will be \$50.00       Trust Fund Contribution.       Acced to Fees         10.       OFFICERS AND DIRECTORS         TITLE       P         WME       WILLIAMS, JOHN H. JR.         SIME ADDRESS       660 NORTH CITRUS AVENUE         CITY ST.2P       CRYSTAL RIVER, FL 34428         TITLE       V         WILLIAMS, JOHN H. JR.       660 NORTH CITRUS AVENUE         CITY ST.2P       CRYSTAL RIVER, FL 34428         TITLE       V         WILLIAMS, DUIS J.         STRET ADDRES       600 NORTH CITRUS AVENUE         CITY-ST.2P       CRYSTAL RIVER, FL 34428         TITLE       V         WILLIAMS, LOUIS J.         STRET ADDRES       500 NORTH CITRUS AVENUE         CITY-ST.2P       CRYSTAL RIVER, FL 34428         TITE       V         WILLIAMS, JOHN H. JR.         STRET ADDRES       STRET HORES         CITY ST.2P       CRYSTAL RIVER, FL 34428         TITE       NME         WILLIAMS, JOHN H. JR.       STRET HORES         STRET HORES       STRET HORES         GITY ST.2P       CRYSTAL RIVER, FL 34428         TITE       NME         STRET HORES       STRET HORES         STR	the obligations of registered agent.  Signature, hyped or printed name of registered agent and tide if applicable.  (NOTE, Registered Agent signature required when reinstating)  DATE							
The work       P         WILLIAMS, JOHN H. JR.       WILLIAMS, JOHN H. JR.         Strept Access       GG NORTH CITRUS AVENUE         CITY-ST-2P       CRYSTAL RIVER, FL 34428         THE       V         NAME       WILLIAMS, DINAH         STIPET ACCESS       GG NORTH CITRUS AVENUE         DIY-ST-2P       CRYSTAL RIVER, FL 34428         THE       V         NAME       WILLIAMS, LOUIS J.         STEPT ACCESS       DO NOT WRITE         INFET ACCESS       GG NORTH CITRUS AVENUE         CITY-ST-2P       CRYSTAL RIVER, FL 34428         THE       V         NAME       WILLIAMS, JOHN H. JR.         STEPT ACCESS       GG NORTH CITRUS AVENUE         CITY-ST-2P       CRYSTAL RIVER, FL 34428         THE       SIGENARTH CITRUS AVENUE         CITY ST-2P       CRYSTAL RIVER, FL 34428         THE       NAME         STEPT ACCESS       GITY ST-2P         112       Intereduces         STERT ACCESS       GITY ST-2P         12       Intereduces         STEPT ACCESS       GITY ST-2P         132       Intereduces on this report in the and accurate and that my signamic shell have the Socion 110.07(5%). Florida Statutes. Tuther creitly that	After Ma	ay 1, 2004 Fee will be \$550.00	Trust Fund Contribution					
NME       WILLIAMS, DINAH       U00000009846         STRET MORESS       660 NORTH CITRUS AVENUE       01/20/04-80082-006 158.75         ITTE       V         NMME       WILLIAMS, LOUIS J.         STRET MORESS       1101 ROLLING WOODS LANE         CITY-ST.2P       LAKELAND, FL         TITE       V         NMME       WILLIAMS, LOUIS J.         STRET MORESS       1101 ROLLING WOODS LANE         CITY-ST.2P       LAKELAND, FL         TITE       WILLIAMS, JOHN H. JR.         STRET MORESS       660 NORTH CITRUS AVENUE         CITY ST.2P       CRYSTAL RIVER, FL 34428         TITE       WILLIAMS, JOHN H. JR.         STRET MORESS       660 NORTH CITRUS AVENUE         CITY ST.2P       CRYSTAL RIVER, FL 34428         TITE       NMME         STRET MORESS       CITY ST.2P         TITE       STRET MORESS         CITY ST.2P       STRET MORESS         STRET MORESS       STRET MORESS	TITLE NAME STREET ADDRESS	P WILLIAMS, JOHN H. JR. 660 NORTH CITRUS AVENUE			· ···= ·= -= ··	· · · · · · · · · · · · · · · · · · ·		
NAME     WILLIAMS, LOUIS J.       STRET ADDRESS     T101 ROLLING WOODS LANE       CITY-ST-ZP     LAKELAND, FL       TITE     ST       MME     WILLIAMS, JOHN H. JR.       STRET ADDRESS     660 NORTH CITRUS AVENUE       CITY-ST-ZP     CRYSTAL RIVER, FL 34428       TITE     STRET ADDRESS       GITY-ST-ZP     CRYSTAL RIVER, FL 34428       TITE     STRET ADDRESS       GITY-ST-ZP     CRYSTAL RIVER, FL 34428       TITE     NMK       STRET ADDRESS     GITY ST-ZP       TITE     STRET ADDRESS       GITY-ST-ZP     CRYSTAL RIVER, FL 34428       TITE     NMK       STRET ADDRESS     GITY ST-ZP       TITE     STRET ADDRESS       GITY-ST-ZP     TITE       STRET ADDRESS     GITY ST-ZP       TITE     NMK       STRET ADDRESS     GITY ST-ZP       TITE     STRET ADDRESS       GITY ST-ZP     TITE       STRET ADDRESS     GITY ST-ZP       TITE     NMK       STRET ADDRESS     GITY ST-ZP       TITE     STRET ADDRESS       GITY ST-ZP     STRET ADDRESS       STRET ADDRESS     GITY ST-ZP       STRET ADDRESS     GITY ST-ZP       STRET ADDRESS     GITY ST-ZP	NAME STREET ADDRESS	TADRESS 660 NORTH CITRUS AVENUE			U0000008848 01/20/04-80082-006 158.75			
NAME       WILLIAMS, JOHN H. JR.       IN THIS SPACE         STREET ADDRESS       660 NORTH CITRUS AVENUE       CRYSTAL RIVER, FL 34428         TTLE       CRYSTAL RIVER, FL 34428       ITTLE         NUME       STREET ADDRESS       CITY ST - 2P         TTLE       NUME       STREET ADDRESS         CITY ST - 2P       ITTLE       ITTLE         NAME       STREET ADDRESS       CITY ST - 2P         TTLE       NAME       STREET ADDRESS         CITY ST - ZP       ITTLE       Interesty certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Turther certify that the information - indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effoct as if made under oak, that i am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block to or Block 11 if changed, or on an attachment with an address, with all other like empowered.         SIGNATURE:       Statutes: MAAH WAM       Useridat	NAME STREET ADDRESS	WILLIAMS, LOUIS J. 1101 ROLLING WOODS LANE LAKELAND, FL			DO NOT WRITE			
NAME STREET ADDRESS CITY ST-ZP TITLE NAME STREET ADDRESS CITY ST-ZP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cash, 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 t0 or Block 11 if changed, or on an attachment with an address, with all other fike empowered. SIGNATURE: MAHAW MMM Useridet [Merident]	NAME STREET ADDRESS CITY ST-ZIP	WILLIAMS, JOHN H. JR. 660 NORTH CITRUS AVENUE			IN '	THIS SF	ACE	
<ul> <li>NAME STREET ADDRESS CITY ST -ZP</li> <li>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath, 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 10 or Block 11 if changed, or on an attachment with an address, with all other fike empowered.</li> <li>SIGNATURE: MAAHW WMM Verified to the file or fi</li></ul>	NAME STREET ADDRESS							
SIGNATURE: Lout Wind heridet 1/1/04 352-795-3212	NAME STREET ADDRESS CITY: ST-ZIP							
SIGNATURE: Lout Wind heridet 1/1/04 352-795-3212	12. I hereby o indicated of the cor changed.	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empow or on an attachment with an address. wi	is filing does not qualify for the ex ue and accurate and that my sign ered to execute this report as required to execute this report as required.	temption stated in Se ature shall have the uired by Chapter 60	ection 1 19.07(3) same legal effec 7, Florida Statute	(i), Florida Statutes, ct as if made under c es; and that my name	further certify that the information bath, that I am an officer or director e appears in Block 10 or Block 11 if	
		URE: Lothoff W	Man p.	witer		1/17-104 Date	352-795-3212 Devide Phone 4	