

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Northing
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 13 AM 9:10

DOCUMENT # L00539 (1)

1. Corporation Name
WERAF, INC.

Principal Place of Business:

135 W. CENTRAL BLVD.
SUITE 1100
ORLANDO FL 32801
US

Mailing Address:

SOUTHRUST BANK BLDG.
135 W. CENTRAL BLVD. SUITE 1100
ORLANDO FL 32801
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/30/1989

3a. Date of Last Report
07/05/1994

4. FEI Number
59-2963149

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. The corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business:

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address:

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HENDRICK, DAVID W.
135 W. CENTRAL BLVD SOUTHTRUST BANK BLD.
SUITE 1100
ORLANDO FL 32801

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

(Typed on separate printed name of registered agent and filed separately)

(Typed on separate printed name of registered agent and filed separately)

(Typed on separate printed name of registered agent and filed separately)

12. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	HEDRICK, DAVID W.
STREET ADDRESS	135 W. CENTRAL BLVD.
CITY, ST, ZIP	ORLANDO FL
TITLE	VS
NAME	HEDRICK, SHERRA M.
STREET ADDRESS	135 W. CENTRAL BLVD.
CITY, ST, ZIP	ORLANDO FL
TITLE	V
NAME	HEDRICK, STEPHEN B.
STREET ADDRESS	4328 EDGEWATER DR., STE. E-101
CITY, ST, ZIP	ORLANDO FL
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	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
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, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(b), Florida Statutes. I further certify that the information included 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 of Block 13 of this report, or on an attachment with an address.

SIGNATURE:

Sherran M. Hedrick, Sherran M. Hedrick 1-6-95

407422-8286

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number