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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 12: 50

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **L00543** (3)
 1. Corporation Name
WESINCO/FLORIDA, INC.

Principal Place of Business Mailing Address

% SONYA EGGERTON BOX 3579 DELAND FL 32721

% SONYA EGGERTON BOX 3579 DELAND FL 32721

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 990 N. Woodland Blvd. 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 Ste 300, % G. Coookingham 27

City & State City & State

23 Deland, FL 28

Zip Country Zip Country

24 32720 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report

07/03/1989 05/01/1994

4. FEI Number Applied For / Not Applicable

59-2961112

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

EGGERTON, SONYA
 213 S SPRING GARDEN AV
 DELAND FL 32720

10. Name and Address of New Registered Agent

81 Name
 TIMOTHY MOORHEAD

82 Street Address (P.O. Box Number is Not Acceptable)
 145 N. MAGNOLIA AVENUE

83

84 City
 ORLANDO

85 Zip Code
 FL 32802

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 *Timothy Moorhead* DATE 5/22/95

Signature (Typed or printed name of Registered Agent and title if applicable) NOTE: Registered Agent signature required when re-registering DATE

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	EGGERTON, WILLIAM H.
STREET ADDRESS	490 W. WASHINGTON AVE.
CITY - ST - ZIP	PIERSON FL
TITLE	STD
NAME	WESSINGER, T. DOUGLAS
STREET ADDRESS	219 W PASSAGE
CITY - ST - ZIP	COLUMBIA SC
TITLE	PD
NAME	EGGERTON, SONYA
STREET ADDRESS	490 W WASHINGTON AVE
CITY - ST - ZIP	PIERSON FL
TITLE	V
NAME	STUBBS, SIDNEY J
STREET ADDRESS	1015 N FLORIDA AVE
CITY - ST - ZIP	DELAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	COOKINGHAM, GORDON J.	
13 STREET ADDRESS	990 N. Woodland Blvd.	
14 CITY - ST - ZIP	Deland, FL	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	DELETE	
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	DELETE	
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

REMITTED BY MAY 1

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *T. Douglas Wessinger* T. Douglas Wessinger April 27, 1995 (904)734-5235

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Type in Block 9)