

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

PROFIT CORPORATION ANNUAL REPORT 1996



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: **990 N WOODHAM BLVD STE 300 % G. COOKINGHAM DELAND FL 32720 US**  
Mailing Address: ~~WESINCO~~ **BOX 3579 DELAND FL 32723**

3. Date Incorporated or Qualified: **07/03/1989**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **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

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
Suite, Apt. #, etc.: 22  
City & State: 23  
Zip: 24  
Country: 25  
City & State: 27  
City & State: 28  
Zip: 29  
Country: 30

9. Name and Address of Current Registered Agent  
**MOORHEAD, TIMOTHY  
145 N MAGNOLIA AVE  
ORLANDO FL 32802**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent's signature required when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	COOKINGHAM, GORDON J	
STREET ADDRESS	990 N WOODLAND BLVD	
CITY - ST - ZIP	DELAND FL	
TITLE	<del>W</del>	<input type="checkbox"/> DELETE
NAME	WESSINGER, T. DOUGLAS	
STREET ADDRESS	219 W PASSAGE	
CITY - ST - ZIP	COLUMBIA SC	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	EGGERTON, SONYA	
STREET ADDRESS	490 W WASHINGTON AVE	
CITY - ST - ZIP	PIERSON FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	STUBBS, SIDNEY J	
STREET ADDRESS	1015 N FLORIDA AVE	
CITY - ST - ZIP	DELAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	PRES, SEC.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Doyle Wessinger* DOUG WESSINGER 4/24/96 803-749-0163  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E034 (12/95)