

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 08 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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: **% CONNA-ROBERTSON BOX 3579 DELAND FL 32723-3579 US**

3. Date Incorporated or Qualified: **07/03/1989**

3a. Date of Last Report: **04/30/1996**

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

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business

2a. Mailing Address: **1/2 GORDON COOKINGHAM**

21. Suite Apt. # etc.

22. City & State

23. Zip Country

24. Zip Country

25. Zip Country

26. Suite Apt. # etc.

27. City & State

28. Zip Country

29. Zip Country

30. Zip Country

9. Name and Address of Current Registered Agent

**MOORHEAD, TIMOTHY**  
**145 N MAGNOLIA AVE**  
**ORLANDO FL 32802**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code: **FL**

10. Name and Address of New Registered Agent

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 signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE: **V**  DELETE

NAME: **COOKINGHAM, GORDON J**

STREET ADDRESS: **990 N WOODLAND BLVD**

CITY-ST-ZIP: **DELAND FL**

TITLE: **PS**  DELETE

NAME: **WESSINGER, T. DOUGLAS**

STREET ADDRESS: **219 W PASSAGE**

CITY-ST-ZIP: **COLUMBIA SC**

TITLE:  DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE:  DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE:  DELETE

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 do 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 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: **Signature Required Doug Wessinger** **4/24/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)