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 # **L28124** **(0)**

1. Corporation Name
WYNCO OF PERRY, INC.

Principal Place of Business	Mailing Address
719 W. WILCOX ST. PERRY FL 32347 US	719 W. WILCOX ST. PERRY FL 32347 US

3. Date Incorporated or Qualified: **11/07/1989**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2976461** [ ] 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. Is this corporation subject annually for purposes of the tax under s. 199.032, Florida Statutes? [X] Yes [ ] No

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

9. Name and Address of Current Registered Agent

WYNN, AMOS J
919 W WILCOX ST
PERRY FL 32347

10. Name and Address of New Registered Agent

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 Section 607.0505, and 617.0505, Florida Statutes, the above named corporation submits this document for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such changes were 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	[ ] DELETE	1 TITLE	[ ] Change [ ] Addition
NAME	WYNN, AMOS J		2 NAME	
STREET ADDRESS	919 W WILCOX ST		3 STREET ADDRESS	
CITY-ST-ZIP	PERRY FL		4 CITY-ST-ZIP	
TITLE	STD	[ ] DELETE	5 TITLE	[ ] Change [ ] Addition
NAME	WYNN, PATRICIA D		6 NAME	
STREET ADDRESS	919 W WILCOX ST		7 STREET ADDRESS	
CITY-ST-ZIP	PERRY FL		8 CITY-ST-ZIP	
TITLE		[ ] DELETE	9 TITLE	[ ] Change [ ] Addition
NAME			10 NAME	
STREET ADDRESS			11 STREET ADDRESS	
CITY-ST-ZIP			12 CITY-ST-ZIP	
TITLE		[ ] DELETE	13 TITLE	[ ] Change [ ] Addition
NAME			14 NAME	
STREET ADDRESS			15 STREET ADDRESS	
CITY-ST-ZIP			16 CITY-ST-ZIP	
TITLE		[ ] DELETE	17 TITLE	[ ] Change [ ] Addition
NAME			18 NAME	
STREET ADDRESS			19 STREET ADDRESS	
CITY-ST-ZIP			20 CITY-ST-ZIP	
TITLE		[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME			22 NAME	
STREET ADDRESS			23 STREET ADDRESS	
CITY-ST-ZIP			24 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing complies with the requirements of, and that this entity still intends to comply with, Section 119.07(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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, added or deleted.

SIGNATURE: Amos J Wynn Amos J Wynn Pres 1-26-96 904-584-2586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (12/95)