FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY 11 PM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L38070** **(3)**

1. Entity Name
W.F. MANAGEMENT CORPORATION

Principal Office Address
2395 HWY 73 SOUTH
MARIANNA FL 32446
US

Mailing Address
P.O. BOX 6227
MARIANNA FL 32446-9806
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/22/1989**
3a. Date of Last Report: **05/12/1994**

2. Principal Place of Business
21
Suite, Apt. # or Bldg.
22
City & State
23
24 25

2a. Mailing Address
26 P.O. Box 12722
Suite, Apt. # or Bldg.
27
City & State
28 Tallahass. FL 32312
29 32312 30 Leon

4. FEI Number: **59-3001055** ☐ 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. Corporation has been engaged in business in Florida Yes ☐ No ☒

9. Name and Address of Current Registered Agent

KINNEY, RILEY
2215 TEN OAKS DRIVE
TALLAHASSEE FL 32132

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 607.1005, 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. The name and address of the registered agent and the registered office before this change, and the name and address of the registered agent and the registered office after this change, are listed below.

SIGNATURE

12. OFFICER AND DIRECTOR		13. ADDITIONS, CHANGES TO OFFICER AND DIRECTORS (☐ Change ☐ Addition)
Title	D	
Name	BUSBY, JOE EARL	
Address	RT. #6 BOX 179-B	
City-St-Zip	MARIANNA FL	
Title	DP	
Name	COPELAND, JOHNNIE F. JR.	
Address	1514 SHADOW RIDGE CIRCLE	
City-St-Zip	SARASOTA FL	
Title	DV	
Name	KINNEY, J. RILEY	
Address	2215 TEN OAKS DR	
City-St-Zip	TALLAHASSEE FL	
Title		
Name		
Address		
City-St-Zip		
Title		
Name		
Address		
City-St-Zip		
Title		
Name		
Address		
City-St-Zip		

14. I hereby certify that the information supplied with this report is true, complete 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 above, or on an attachment with an additional name.

SIGNATURE: Riley Kinney Riley Kinney 5-10-95 904 668-1605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0411200 FP