

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 APR 27 AM 10:51

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L43972

(3)

1. Corporation Name

DANIEL J. WADE, INC.

Principal Place of Business

**227 SE 8TH ST
OCALA FL 34471
US**

Mailing Address

**227 SE 8TH ST
OCALA FL 34471
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/01/1990

3a. Date of Last Report

04/20/1994

4. FEI Number

59-3021533

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**

6. This corporation has liability for intangible tax under S. 193.032,
Florida Statutes



Yes



No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WADE, DANIEL J.
227 SE 8TH ST
OCALA FL 34471**

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 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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when transferring)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE

**DPT
WADE, DANIEL J.**

NAME

STREET ADDRESS

CITY - ST - ZIP

**227 SE 8TH ST
OCALA FL**

13. TITLE

DS

NAME

WADE, KATHERINE

STREET ADDRESS

CITY - ST - ZIP

**227 SE 8TH ST
OCALA FL**

14. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

15. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

16. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

17. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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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)(b), 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, or on an attachment with an address.

SIGNATURE:

DANIEL J. WADE

Signature, typed or printed name of signing officer or director

4/24/95

904-732-6404

Telephone #