FILED

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90124 031 ***158.75

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L43972

1. Corporation Name

DANIEL J. WADE, INC.

						_;	,	1861 81811 1861
Principal Place	of Business	Mailing Address						
227 SE 8TH ST OCALA FL 3447 US		227 SE 8TH ST OCALA FL 34471 US				DO NOT WRITE IN TH	IS SPACE	
						3. Date incorporated or Qualifed 01/01/1990		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Apr	plied For
21						59-3021533		t_Applicable_
- Suite, Apt. #, etc					~ 2	5. Certificate of Status Desired	\$8.75 A Fee Red	
City & State	9	City & State				6. Election Campaign Financing	\$5.00	May Be
23	_	28 OCALA FL	•			Trust Fund Contribution	Added to	Fees
Zip	Country 25	Zip 3447D	Cour	itry		This corporation owes the current year Personal Property Tax.		□No
,	9. Name and Address of Current	Registered Agent		_		10. Name and Address of New Registere	d Agent	
		-	Ì	81	Name			
WADE, DANIEL J.				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
227 SE 8TH ST								
UCA	LA FL 34471			83				
				84	City	F	85 Zip C	Code
office or r	egistered agent, or both, in the State on the mailiar with, and accept the obligate and the colligate are stated to the obligate.	of Florida. Such change was autions of, Section 607.0505, Flori	thorized da Statu	by tes	the corporation	oration submits this statement for the purpose in's board of directors. I hereby accept the app	ointment as reg	gistered
	Signature, typed or printed name of registered agen		Registered /	Agen	nt signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
12.	OFFICERS AN	D DIRECTORS	1.1 TITI			ADDITIONS/CHANGES TO CITICENS	Change	Addition
TITLE				1.7 NAME				
NAME	WADE, DANIEL J. 227 SE 8TH ST				T 4000000			
STREET ADDRESS	OCALA FL				TADDRESS			
CITY-ST-ZIP			1.4 CIT 2.1 TIT	_	1-ZIP		☐ Change	Addition
TITLE			2.2 NA					_
NAME					* * * * * * * * * * * * * * * * * * * *			
STREET ADORESS	The same of the sa		-	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		representation of the second	,- <u>-</u>	
CITY-ST-ZIP		☐ DELETE	3.1 TITLE		11-21		[] Change	Addition
TITLE		- Negric	3.1 TITLE				_ •	
NAME					T ADDRESS			
STREET ADDRESS						•		
CITY-ST-ZIP			3.4. Cn 4.1 TIT		11-214		Change	☐ Addition
NAME			4. 2 NA	_			_ •	_
1	·				TADDRESS			
STREET ADDRESS			7.5 311					

STREET ADDRESS CITY-ST-ZIP 14. I 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 of suppliemental 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 of 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 nent with an address, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

VE SELE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

URE REQUIRED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

Change

Change

☐ Addition

☐ Addition