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FILED
Feb 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # L73368 (7)
 1. Corporation Name
WAYNE DUPREE ENTERPRISES, INC.



Principal Place of Business: **C/O WAYNE L. DUPREE 2936 TURNBULL BAY ROAD NEW SMYRNA BEACH FL 32168**
 Mailing Address: **C/O WAYNE L. DUPREE 2936 TURNBULL BAY ROAD NEW SMYRNA BEACH FL 32168**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **P.O. Box 969**

22 City & State

27 **New Smyrna Beach, FL**

23 Zip

25 Country

29 **32170**

30 **U.S.A.**

3. Date Incorporated or Qualified
05/14/1990

4. FEI Number

59-3009069

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. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**DUPREE, WAYNE L.
 2936 TURNBULL BAY ROAD
 NEW SMYRNA BEACH FL 32168**

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 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: **D** DELETE
 NAME: **DUPREE, WAYNE L.**
 STREET ADDRESS: **2936 TURNBULL BAY RD**
 CITY-ST-ZIP: **NEW SMYRNA BEACH FL**

TITLE: **D** DELETE
 NAME: **DUPREE, NANCY O.**
 STREET ADDRESS: **2936 TURNBULL BAY RD.**
 CITY-ST-ZIP: **NEW SMYRNA BEACH FL**

TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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 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: *X Nancy O. Dupree* **Nancy O. Dupree** 2/23/98 (904) 428-6666

CP2E034 (10/97)