

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 02 1996 8:00 am
Secretary of State

DOCUMENT # L79120 (6)

1. Corporation Name

WPW NORTH AMERICAN HOLDINGS, INC.



Principal Place of Business

50 N. LAURA STREET
3300 BARNETT CENTER
JACKSONVILLE FL 32202
US

Mailing Address

50 N. LAURA STREET
3300 BARNETT CENTER
JACKSONVILLE FL 32202
US

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 P. O. Box 4099

27 State, Apt. #, etc.

27 City & State

28 Jacksonville, FL

29 Zip

30 Country

3. Date Incorporated or Qualified

06/11/1990

3a. Date of Last Report

02/02/1995

4. FEI Number

59-3013360

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RAX CO.
50 N. LAURA STREET
3300 BARNETT CENTER
JACKSONVILLE FL 32202

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 607.0607 and 607.1506, 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 607.0606, Florida Statutes.

SIGNATURE

Signature of person to be registered agent or director

Signature of Registered Agent (signature must be in ink)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
2. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☐ Change ☐ Addition

2. 2. NAME ☐ Change ☐ Addition

3. 3. STREET ADDRESS ☐ Change ☐ Addition

4. 4. CITY, ST, ZIP ☐ Change ☐ Addition

5. 5. TITLE ☐ Change ☐ Addition

6. 6. NAME ☐ Change ☐ Addition

7. 7. STREET ADDRESS ☐ Change ☐ Addition

8. 8. CITY, ST, ZIP ☐ Change ☐ Addition

9. 9. TITLE ☐ Change ☐ Addition

10. 10. NAME ☐ Change ☐ Addition

11. 11. STREET ADDRESS ☐ Change ☐ Addition

12. 12. CITY, ST, ZIP ☐ Change ☐ Addition

13. 13. TITLE ☐ Change ☐ Addition

14. 14. NAME ☐ Change ☐ Addition

15. 15. STREET ADDRESS ☐ Change ☐ Addition

16. 16. CITY, ST, ZIP ☐ Change ☐ Addition

17. 17. TITLE ☐ Change ☐ Addition

18. 18. NAME ☐ Change ☐ Addition

19. 19. STREET ADDRESS ☐ Change ☐ Addition

20. 20. CITY, ST, ZIP ☐ Change ☐ Addition

21. 21. TITLE ☐ Change ☐ Addition

22. 22. NAME ☐ Change ☐ Addition

23. 23. STREET ADDRESS ☐ Change ☐ Addition

24. 24. CITY, ST, ZIP ☐ Change ☐ Addition

25. 25. TITLE ☐ Change ☐ Addition

26. 26. NAME ☐ Change ☐ Addition

27. 27. STREET ADDRESS ☐ Change ☐ Addition

28. 28. CITY, ST, ZIP ☐ Change ☐ Addition

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)(k), 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:

David A. Webster

David A. Webster, President 1/26/96

904-354-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)