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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 PM 2:33

DOCUMENT # L91943 (5)

1. Corporation Name
WOLF SYSTEM, INC.

Principal Place of Business	Mailing Address
HIGHWAY 90 WEST WESTVILLE FL 32464	5323 W HWY 98 SUITE 113 PANAMA CITY FL 32401-1003

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/24/1990
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business 21:
2a. Mailing Address 26:
4. FEI Number: 59-3020146 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State 23:
City & State 28:
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip 24: Country 25:
Zip 29: Country 30:
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

REYNOLDS, KATHLEEN
305 MAIN STREET
DESTIN FL 32541

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☐ Change ☐ Addition
NAME	WOLF, JOHANN	1.2 NAME	Wolf, Johann GmbH + Co.
STREET ADDRESS	SCHONENBUHL 18/ STEINEGG CH-9050	1.3 STREET ADDRESS	Systemban KG
CITY-ST-ZIP	APPENZELL, SWITZERLAND	1.4 CITY-ST-ZIP	D-94486 Osterhofen Germany
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	KREIS, PETER	2.2 NAME	
STREET ADDRESS	POLYTRADE, SCHONENBUHL 18/ STEINEGG CH9050	2.3 STREET ADDRESS	
CITY-ST-ZIP	APPENZELL, SWITZERLAND	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	☐ Change ☐ Addition
NAME	HENSEL, WILLIAM	3.2 NAME	
STREET ADDRESS	9818-B BEACH BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408-4206	3.4 CITY-ST-ZIP	
TITLE	S/T	4.1 TITLE	☐ Change ☐ Addition
NAME	CONNER, MARSHA L	4.2 NAME	
STREET ADDRESS	P.O. BOX 151 HWY 90 W N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	WESTVILLE AL 32464	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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 a 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 added by an attachment with an address.

SIGNATURE: William V. Hensel III 94.01.17 904 747-7337
NAME AND TITLE OF PRINTED NAME OF RUNNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0030488 CP