

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **L92375** (9)

1. Corporation Name

**WND ENTERPRISES, INC.**



Principal Place of Business

Mailing Address

**6419 NEWBERRY RD.**

**PO BOX 3375**

**GAINESVILLE FL 32605**

**US**

**P.O. BOX 140277**

**PO BOX 0675**

**GAINESVILLE FL 32614**

**US**

3. Date Incorporated or Qualified

**08/06/1990**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**59-3024252**

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**GRAY, HENRY L. JR.**  
**211 N. E. 1ST ST.**  
**GAINESVILLE FL 32601**

10. Name and Address of New Registered Agent

81

Name

**JAMES E CLAYTON**

82

Street Address (P.O. Box Number is Not Acceptable)

**211 SE FIRST AVENUE**

83

84

City

**GAINESVILLE**

FL

85

Zip Code

**32601**

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 changing)

DATE

**29.1.1996**

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D**

**DENNY, WANDA N.**

**6624 SW 37TH WAY**

**GAINESVILLE FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D**

**DENNY, CHARLES H., III**

**6624 SW 37TH WAY**

**GAINESVILLE FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Wanda N. Denny**

**1/24/96**

**352-331-0311**

Daytime Phone #

CR2E034 (12/95)