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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L92375

(9)

WND ENTERPRISES, INC.

Principal Place of Business Mailing Address

FILED
May 12 1997 8:00am
Secretary of State

Zip Code

85

### NEWBERRY RD. 413 P.O. BOX 140277 PO BOX 0575 GAINESVILLE FL 32605 P.O. BOX 1677 GAINESVILLE FL 32614-0277							· · · · · · · · · · · · · · · · · · ·		
US	U\$					Date of Last Report 3/04/1996			
2. Principal Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		Applied For		
11 4186 NW 16th Blvd	26				59-3024252		Not Applicable		
Sulte, Apt. #, etc.	Suite, Apl. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State 23 Gainesville, FL	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip Country 24 32605 25 U.S.A	Zip 29	reary ' here any '			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \[\int \] No				
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
111 SE 1ST AVENUE GAINESVILLE FL 32601			81 82 83	2 Street Address (P.O. Box Number is Not Acceptable)					

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 family and accept the appointment as registered agent. I am family and accept the appointment as registered agent. I am family and accept the appointment as registered agent. I am family and accept the appointment as registered agent. I am family a complete the appointment and a complete the appointment and a complete the appointment as registered agent. I am family a complete the appointment as registered agent. I am family a complete the appointment as registered agent. I am family a complete the appointment as registered agent and

84 City

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SIGNATURE	Signature, lyped or printed name or registered agent and fills if applicate	To more in	age a signal dilunc	required when leanstating)	<u></u>	~ ~ ×	J
12.	OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANGE	S TO OFFICERS A	AND DIRECTORS	S IN 12
TITLE	D	DELETE	1.1 THEF			Change	Addition
NAME	DENNY, WANDA N.		1.2 NAME				
STREET ADDRESS	6624 SW 37TH WAY		1.3 STREET ADDRESS				ļi
CITY-ST-ZIP	GAINESVILLE FL		1.4 CiTY- ST- 7IP				
TITLE	D	DELETE .	2.1 THLE			Change	Addition
NAME	DENNY, CHARLES H., III		2.2 NAME				
STREET ADDRESS	6624 SW 37TH WAY		2.3 STREET ADDRESS				
CITY-ST-ZIP	GAINESVILLE FL		2. 4 C(1Y - \$1 - 2)P				
TITLE] DELETE	3.1 TITLE	•		Change	☐ Addition
NAME			3.2 NAM(
STREET ADDRESS			3 3 BTREET ADDRESS				
CITY-ST-ZIP			3.4. C(TY - ST - Z(P				
TITLE	Ľ	DELETE	4.1 1/11[6			Change	Addition
NAME		•	4. 2 NAME				
STREET ADDRESS			4.3 \$TREET ADDRESS				
CITY-ST-ZIP			44 CITY-ST-ZIP				
TITLE		DELETE	5.1 1 1TLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5 4 CITY- \$1-ZIP				
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CHY-\$1-ZIP				

14. I do 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 eath; 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 attackiment with an address.