FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

N93000003391 (0) DOCUMENT #

| WEDGEWOOD V, INC. | | | | | | |
|--|---|-----------------------------|----------------------------------|--|---|--|
| Principal Place | of Business | Mailing Address | | | († 06 111 18 11) 1011 1 1113 1113 1110 1110 1111 1 70 1 | |
| 13500 WORTHINGTON WAY BONITA SPRINGS FL 33923 US 13500 WORTHINGTON W BONITA SPRINGS FL 33923 US | | | | | | |
| 00 | | | | 3. Date Incorporated or Qualified 07/28/1993 | 3a. Date of Last Report 04/14/1995 | |
| 2. Principal Pla 21 | ace of Business | 2a. Mailing Address 26 | | 4. FEI Number 65-0426019 | Applied For Not Applicable | |
| Suite, Apt. 4 | | Suite Apt. #, etc | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & State | | City & State | | Election Campaign Financing Trust Fund Contribution | S5.00 May Be Added to Fees | |
| Zip 24 | Country 25 9. Name and Address of Curren | Zip 29 29 | Gountry 30 | B. This corporation has liability for Florida Statutes 10, Name and Address of New I | Yes No | |
| | g. Hame and Address of Control | it Hogisteros Agent | 81 Nar | TA | | |
| 5511001 | | | [] | Cheryl R. Kraus, | P.A. | |
| BRUGGER JOHN M | | | 82 Stre | est Address (P.O. Box Number is Not Accepta 1100 Fifth Avenue | cle) | |
| 4 SOR ATHION & SOLITH | | | 83 | 1100 FITCH Avenue | 30utii, #201 | |
| y SUITE & | | | ["] | | | |
| | xFk 9394 9x | | 84 City | Naples, | FL 85 Zip Code 33923 | |
| 11. Pursuant t | o the provisions of Sections 617 0502 | 2 and 617.1508. Florida Sta | tutes, the above name | d corporation submits this statement for the pu | roose of changing its registered office | |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 appointment of Section 617.0503, Florida Statutes. | | | | | | |
| | in, and accept therebilgations of, Sect | A A Statu | | L R. KRAUS | 4-29-96 | |
| SIGNATURE . | Signature, 1 ped or printed name of registrated agent | t and little it applicative | (NOTE Hegistered Agent signat | (ure required when reinstating) | DATE | |
| 12. | OFFICERS AN | ID DIRECTORS | 13. | ADDITIONS/CHANGES TO OF | FICERS AND DIRECTORS IN 12 | |
| TITLE | DVS | X DELETE | 1.1 TITLE | DVS | Change 🗀 Addition | |
| NAME | Darragh, Jeff | | 1.2 NAME | Zimmer, Bill | | |
| STREET ADDRESS | 13500 WORTHINGTON WAY | | 1.3 STREET ADDRE | ss 13500 Worthington | | |
| CITY - ST - ZIP | BONITA SPRINGS FL | <u>-</u> | 1 4 CITY - ST - ZIP | Bonita Springs, F | | |
| TITLE | DP | ₩ DELETE | 2 1 TITLE | DP | Change Addition | |
| NAME | HARDY, PAUL | | 2 2 NAME | Booth, K. Arne | | |
| STREET ADDRESS | 13500 WORTHINGTON WAY | | 2.3 STREET ADDRE | | Way | |
| CITY-ST-ZIP | BONITA SPRINGS FL | | 2 4 CITY - ST - ZIP | Bonita Springs, F | 1 33923 | |
| T÷TLE | DVT | ▼ DEL.ETE | 3 1 TITLE | · · · = | Change Addition | |
| NAME | TOLSON, RENEE | | 3 2 NAME | Frabutt, Peter | T-V | |
| STREET ADDRESS | 13500 WORTHINGTON WAY | | 3 3 STREET ADDRE | | | |
| CITY-ST-ZIP | BONITA SPRINGS FL | □ pti trt | 3.4. CITY-ST-ZIP | Bonita Springs, F | | |
| TITLE | | DELETE | 4 1 TITLE | 1 | Change Addition | |
| NAME | | | 4. 2 NAME | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRE | 100 | | |
| CITY - ST - ZIP | | DELETE | 4.4 CITY - ST - ZIP 5.1 TITLE | | Change Addition | |
| TETLE | | [_]bctcit | 5.1 TILE 5.2 NAME | | | |
| NAME CIDEET ADDDESS | | | | EGG | | |
| STREET ADDRESS | | | 5 3 STREET ADDRE | 565 | | |
| CITY-ST-ZIP TITLE | | DELETE | 5 4 CHTY - ST - ZIP 6 1 TITLE | Annual Manual Sanual Manual Annual and Sanual | , a | |
| NAMÉ | | | 6 2 NAME | 2000018 -05/29/9601 | 45252° - | |
| | | | 63 STREET ADDR | | .1077U00 | |
| STREET ADDRESS | | | | *** 61.2 5 | | |
| CITY-ST-ZIP | L | | 6.4 CITY - ST - ZIP | | | |

14. I do hereby cert fy 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or that an additional statutes are considered by Chapter 617.

SIGNATURE: