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DIVISION OF CORPORATIONS
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CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # N94000002175 (7)

1. Corporation Name
TAMPA BAY FLORIDA UNIT WBCCI, INC.

Principal Place of Business	Mailing Address
1102 CONOLEY LANE HOLIDAY FL 34691-5196	1102 CONOLEY LANE HOLIDAY FL 34691-5196

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/29/1994
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-6212215 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 14221 Brookridge Blvd.,W	26 14221 Brookridge Blvd., W
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Brooksville, Florida	28 City & State: Brooksville, Florida
24 Zip: 34613 25 Country: U.S.A.	29 Zip: 34613 30 Country: U.S.A.

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KOERBEL, FREDERICK G 1102 CONOLEY LANE HOLIDAY FL 34691-5196	81 Name: Henry Haacke 82 Street Address (P.O. Box Number is Not Acceptable) 83 14221 Brookridge Blvd., W 84 City: Brooksville FL 85 Zip Code: 34613

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	KOERBEL, FREDERICK G	1.2 NAME	Kenney, Donald E.	
STREET ADDRESS	1102 CONOLEY LANE	1.3 STREET ADDRESS	10645 Osceola Dr.	
CITY-ST-ZIP	HOLIDAY FL 34691-5196	1.4 CITY-ST-ZIP	New Port Richey, FL 34654	
TITLE	VPD	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	KENNEY, DONALD	2.2 NAME	Howes, Ruth	
STREET ADDRESS	10645 OSCEOLA DRIVE	2.3 STREET ADDRESS	29129 Johnston Rd, Lot 2650	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	2.4 CITY-ST-ZIP	Dade City, FL 33525-6128	
TITLE	STD	3.1 TITLE	STD	☒ Change ☐ Addition
NAME	SCHMIDT, LUCIAN	3.2 NAME	Haacke, Henry	
STREET ADDRESS	3544 EMORY DRIVE	3.3 STREET ADDRESS	14221 Brookridge Blvd., W	
CITY-ST-ZIP	HOLIDAY FL 34691	3.4 CITY-ST-ZIP	Brooksville, FL 34613	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		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 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 on an attachment with an address.

SIGNATURE: Henry Haacke — Henry Haacke — 904-597-3645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0085176