

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sarah B. Mouton
Secretary of State
Division of Corporations

APPROVED
AND
FILED

95 APR 26 AM 3:36

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003680 (5)

1. Corporation Name

WCEHE INC.

Principal Place of Business

239 14TH STREET
APALACHICOLA FL 32320

Mailing Address

239 14TH STREET
APALACHICOLA FL 32320

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/26/1994

3a. Date of Last Report

4. FEI Number

59-3279002

Applied For

Not Applicable

2. Principal Place of Business

21 1962 Crowder Rd

2a. Mailing Address

26 1962 Crowder Rd

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

State, Apt. #, etc.

22

City & State

23 Tallahassee, FL

Zip

24 32303

Country

25 USA

State, Apt. #, etc.

27

City & State

28 Tallahassee, FL

Zip

29 32303

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, A.J.
4085 BOTHWELL TERRACE
TALLAHASSEE FL 32311

81 Name

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

6000001472396

83

-05/03/95--01021--0014

84 City

*****78.00 *****78.00

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 this 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 of person submitting this report (not required for corporations)

Signature of Registered Agent (not required unless he/she is not the corporation)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

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P/M

Delmer Robinson

1962 Crowder Rd

Tallahassee, FL 32303

Change ☒ Addition ☒

V/D

A.J. Johnson

4085 Bothwell Terrace

Tallahassee, FL 32311

Change ☐ Addition ☒

S/O

Mittie P. Johnson

4085 Bothwell Terrace

Tallahassee, FL 32311

Change ☐ Addition ☐

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SIGNATURE:

A.J. Johnson
A.J. Johnson

4/28/95 (904) 656-6813