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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Jul 15 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

<u>1997</u>

DOCUMENT #

N96000006479 (7)

WESLEY WOODS, INCORPORATED

Director Plans of Division	March Addison					
Principal Place of Business Mailing Address						
25 STATE ROAD 13 JACKSONVILLE FL 32259 25 STATE ROAD 13 JACKSONVILLE FL 32259-289		98				
				3. Date Incorporated or Qualifie 12/19/1996	d 3a. Date of La	st Report
Principal Place of Business 2a. Mailing Address				4. FEI Number	L	Applied For
21 26				59-0872675		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	tc.		5. Certificate of Status Desired		75 Additional
22)	27				Fe	e Required
City & State City & State				6. Election Campaign Financing		00 May Be
Zip Country	Country Zip			Trust Fund Contribution		ded to Fees
 ' '	├ - ` ⊢	Country	¥	This corporation has fiability for Florida Statutes	or intangible tax und Yes V No	er s. 199.032
24 25 9. Name and Address of Curren		30		10. Name and Address of New		
		81	Name			
CLATTLI LITH CEV & DISCEV			R.	Grady Snowden, J	r.	
SMITH HULSEY & BUSEY 225 WATER STREET				ddress (P.O. Box Number is Not Accep	table)	
SUITE 1800			2.5	<u>St.rd. 13</u>		
JACKSONVILLE FL 32202		83	\			
JAOROUNILLE FL 32202		84	City In	cksonville		Zip Code
11. Pursuant to the provisions of Sections 617.050	2 and 617 1508 Florida Statutos	the above				2259
office or registered agent, or both, in the State	of Florida. Such change was au	thorized b	y the corpo	ration's board of directors. I hereby acc	cept the appointmen	it as registered
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 obligations of Section 617.0503, Florida Statutes.						
SIGNATURE Signature, typod or printed name of registered agr	The state of the s	Dogislared &	and trongly to the	quired when reinstaling)	6/10/97	<u>, </u>
12. OFFICERS AN		13.	KIN D'BURIDIE IE	ADDITIONS/CHANGES TO OF	FICERS AND DIREC	TORS IN 12
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14. I do hereby certify that the information supplie	d with this filing does not qualify	for the exe	emption sta	ted in Section 119.07(3)(i), Florida Stati	utes. I further certify	that the
Information Indicated on this annual report of I am an officer or director of the corporation of appears in Block 12 or Block 13 if changed, o	the receiver or trustee empower ron arrattichment with an addr	red to excl	cute this e	port as required by Chapter 617, Florid	a Statutes; and that	my name