

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

FILED

May 13 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P92000002334 (0)

1. Corporation Name  
WAYNE GOTHARD, INC.

Principal Place of Business

3715B NAVY BLVD  
PENSACOLA FL 32507  
US

Mailing Address

3715 B NAVY BLVD  
PENSACOLA FL 32507-1217  
US

2. Principal Place of Business

21 3820 W. Bobe St  
Suite, Apt. #, etc.  
22 Pensacola FL 32505  
City & State  
23 32505 Escambia  
Zip Country  
24 Escambia

2a. Mailing Address

26 3820 W. Bobe St  
Suite, Apt. #, etc.  
27 Pensacola FL  
City & State  
28 32505 Escambia  
Zip Country  
29 Escambia

3. Date incorporated or Qualified  
10/28/1992

3a. Date of Last Report  
04/26/1996

4. FEI Number  
59-3148443

Applied for  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
GOTHARD, WAYNE  
3715 B NAVY BLVD  
PENSACOLA FL 32507

81 Name SAME  
82 Street Address (P.O. Box Number is Not Acceptable)  
3820 W Bobe St  
83 Pensacola FL 32505  
84 City 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 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

Signature: Typed name of registered agent and fee (if applicable)

DATE: Registered Agent's signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS    | CITY-ST-ZIP                      |
|-------|------|-------------------|----------------------------------|
|       | D    | GOTHARD, HAROLD W | 3715-B NAVY BLVD<br>PENSACOLA FL |
|       | D    | GOTHARD, ZORADA W | 3715 B NAVY BLVD<br>PENSACOLA FL |
|       |      |                   |                                  |
|       |      |                   |                                  |
|       |      |                   |                                  |
|       |      |                   |                                  |
|       |      |                   |                                  |
|       |      |                   |                                  |
|       |      |                   |                                  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS  | CITY-ST-ZIP        |
|-------|------|-----------------|--------------------|
| 11    | SAME | 3820 W. Bobe St | PENSACOLA FL 32505 |
| 12    | SAME | 3820 W Bobe St  | PENSACOLA FL 32505 |
| 13    |      |                 |                    |
| 14    |      |                 |                    |
| 15    |      |                 |                    |
| 16    |      |                 |                    |
| 17    |      |                 |                    |
| 18    |      |                 |                    |
| 19    |      |                 |                    |
| 20    |      |                 |                    |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Wayne Gothard 4/29/97  
59-3148443

CR2E034 (9/96)