FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

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

1996 4-16-96 B 37097 C

DOCUMENT # P92000011393 (5)

1. Corporation Name
WA & WV INC

Principal Place of Business	Mailing Address
221 RIVERSIDE DRIVE WESTBAY COVE. #112 MADISON WV 25130 US	221 RIVERSIDE DRIVE WESTBAY COVE. #112 MADISON WV 25130 US

3. Date Incorporated/Qualified: 12/11/1992
3a. Date of Last Report: 04/07/1995

4. FEI Number: 55-0721345 ☐ 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 locally for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 221 Riverside Drive	26 P. O. Box 507
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City, State: Madison WV 25130	28 City, State: Madison WV
24 Zip: 25130 25 County: US	29 Zip: 25130 30 County: US

9. Name and Address of Current Registered Agent

DORIS BUNNELL P.A.
608 15TH STREET WEST
BRADENTON FL 34205

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section [illegible] 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. The Corporation's board of directors hereby authorizes the appointment as registered agent. I am familiar with and accept the obligations of Section [illegible] Florida Statutes.

SIGNATURE [illegible] DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, A.F.	1.2 NAME	
STREET ADDRESS	221 RIVERSIDE DRIVE	1.3 STREET ADDRESS	
CITY, ST, ZIP	MADISON WV	1.4 CITY, ST, ZIP	
TITLE	VP ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, A. F.	2.2 NAME	
STREET ADDRESS	221 RIVERSIDE DRIVE	2.3 STREET ADDRESS	
CITY, ST, ZIP	MADISON WV	2.4 CITY, ST, ZIP	
TITLE	S ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, A.F.	3.2 NAME	
STREET ADDRESS	221 RIVERSIDE DRIVE	3.3 STREET ADDRESS	
CITY, ST, ZIP	MADISON WV	3.4 CITY, ST, ZIP	
TITLE	T ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, A. F.	4.2 NAME	
STREET ADDRESS	221 RIVERSIDE DRIVE	4.3 STREET ADDRESS	
CITY, ST, ZIP	MADISON WV	4.4 CITY, ST, ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, A F	5.2 NAME	
STREET ADDRESS	221 RIVERSIDE DRIVE	5.3 STREET ADDRESS	
CITY, ST, ZIP	MADISON WV	5.4 CITY, ST, ZIP	
TITLE	☐ DELETE	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 hereby certify that the information supplied with this report is true, complete and sufficient for the purpose of this report as required by Section 607.193, Florida Statutes. I further certify that the information indicated on this 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 with an address, with respect to my position, as an officer or director listed.

SIGNATURE: [signature] A. F. Robinson 4/4/96 (304) 369-4687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)