## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P93000002284 (6) **DOCUMENT #** 

WCC SITE DEVELOPMENT, INC.



Principal Place of Business Mailing Address							_		
MICANOPY FL 32667 MICANOPY FL 3			WACAHOOTA RD. PY FL 32667						
US		US	US		3. Date Incorporated or Qualified 01/06/1993 09/21/1995				
2. Principal Plac	ce of Business	<b>2a.</b> Mailing A	Address			4. FEI Number 59-3163178			Applied For Not Applicable
Suite, Apt. #,	, etc	<b>⊢</b>	ot. #, etc.			5. Certificate of Status Desired			75 Additional e Required
City & State		27   City & Si	tate	<b></b>		6. Election Campaign Financing			.00 May Be
·3		28				Trust Fund Contribution			ded to Fees
Zip	Country	Zip	<b>├</b>	Country		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes			
24	25     29   g. Name and Address of Current Registered Agent		30 sent	901			ame and Address of New Registered Agent		
	9. Name and Address of C	bitelit neglatered ng		81	Name			_ =	,
LAWRENCE, KRISTINE C				82 Street Add		ress (P.O. Box Number is Not Acceptable)			
1728 SV	N WACAHOOTA RD.		83		<u> </u>				
MICANU	OPY FL 32667							los l	Zıp Code
				84	City		FL	85	Zip Code
12.		S AND DIRECTORS		13.		ADDITIONS/CHANGES TO OF		DIREC	
12.						ADDITIONS/CHANGES TO OF			
TITLE	DP Lawrence, Kristine		_	1 1 1 1 1 LDF 1 2 NAM			•	_	
NAME STREET ADDRESS	1728 SW WACHAHOO	TA RD.	Į.		T ADDHESS				
CITY-ST-ZIP	MICANOPY FL 32667			1.4 CUY	ST-ZIP				
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NAME				2.2 NAM					
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NAME				4.2 NAME					
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CITY-ST-ZIP				5.4 CiTY	, i				
TITLE			] DELETE	6 - 1010				Cha	nge 🔲 Addition
NAME				6.2 NAM					
STREET ADDRESS					ET ADDRESS				
	1			GARITY	ST-2(P				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and dives not qualify for the exemption stated in Section 119.07(3)(k). 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, of on an attachment with an address.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAWRENCE 4-26-96 (353)485-2779