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May 09 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 # P93000002284 (6)

1. Corporation Name

WCC SITE DEVELOPMENT, INC.



Principal Place of Business

1728 SW WACAHOOTA RD.  
MICANOPY FL 32687  
US

Mailing Address

1728 SW WACAHOOTA RD.  
MICANOPY FL 32687-9759  
US

2. Principal Place of Business

2a. Mailing Address

21 3322 NW 222 Ave

26 PO BOX 412

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27 City & State

23 LaCrosse, FL

28 LaCrosse, FL

Zip

Country

Zip

Country

24 32658

25 US

29 32658

30 US

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/06/1993

3a. Date of Last Report

04/30/1996

4. FEI Number

59-3163178

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

LAWRENCE, KRISTINE C  
1728 SW WACAHOOTA RD.  
MICANOPY FL 32687

81 Name

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

3322 NW 222 Ave

83

84 City

LaCrosse

FL

85 Zip Code

32658

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME LAWRENCE, KRISTINE C  
STREET ADDRESS 1728 SW WACAHOOTA RD.  
CITY-ST-ZIP MICANOPY FL 32687

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 3322 NW 222 Ave  
1.4 CITY-ST-ZIP LaCrosse, FL 32658

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence 4-30-97 (352) 485-2779

Date

Daytime Phone #

CR2E034 (9/96)