

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000014626 (4)

1. Corporation Name
W.W.D., INC.



Principal Place of Business

Mailing Address

3801 W. LAKE MARY BLVD.
SUITE 119
LAKE MARY FL 32746

3801 W. LAKE MARY BLVD.
SUITE 119
LAKE MARY FL 32746

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

HUMPHRIES, GREGORY J. ESQ
201 E. PINE ST. #701
ORLANDO FL 32801

3. Date incorporated or Qualified

02/26/1993

3a. Date of Last Report

01/27/1995

4. FEI Number

59-3155978

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

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 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

1.1 TITLE

P
NAME: PICEK, KATHRYN A
STREET ADDRESS: 19 CARDINAL DR.
CITY-ST-ZIP: LONGWOOD FL 32779

☐ DELETE

1.2 TITLE

D
NAME: PICEK, DANIEL
STREET ADDRESS: 19 CARDINAL DR.
CITY-ST-ZIP: LONGWOOD FL 32779

☐ DELETE

1.3 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

1.4 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

1.5 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

1.6 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

1.7 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

6.5 CITY-ST-ZIP

6.6 CITY-ST-ZIP

6.7 CITY-ST-ZIP

6.8 CITY-ST-ZIP

6.9 CITY-ST-ZIP

6.10 CITY-ST-ZIP

6.11 CITY-ST-ZIP

6.12 CITY-ST-ZIP

6.13 CITY-ST-ZIP

6.14 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-5-96

407 333 9005

CR2E034 (12/95)