ANNUAL REPORT
1995

Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000015172 (8)

1. Corporation Name
WEE SERVICE, INC.

Principal Place of Business	Mailing Address
10006 NORTH DALE MABRY HIGHWAY SUITE 106 TAMPA FL 33618	10006 NORTH DALE MABRY HIGHWAY SUITE 106 TAMPA FL 33618

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/22/1993
3a. Date of Last Report: 03/04/1994

2. Principal Place of Business
21 4920 Newkirk Dr
22 Suite #3
23 Tampa, FL
24 Zip 33624
25 Country Hillsborough

2a. Mailing Address
26 4920 Newkirk Dr
27 Suite #3
28 Tampa, FL
29 Zip 33624
30 Country Hillsborough

4. FEI Number: 59-3175873 ☐ 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

9. Name and Address of Current Registered Agent

PRESCOTT, GARY
10006 NORTH DALE MABRY HIGHWAY
SUITE 106
TAMPA FL 33618

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	ST	☒ Change ☐ Addition
NAME	JOHNSON, GREG	1.2 NAME		
STREET ADDRESS	10006 NORTH DALE MABRY HIGHWAY	1.3 STREET ADDRESS	4920 Newkirk Dr. Suite #3	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa FL 33624	
TITLE	ST	2.1 TITLE	P	☒ Change ☐ Addition
NAME	PRESCOTT, GARY	2.2 NAME		
STREET ADDRESS	10006 NORTH DALE MABRY HIGHWAY	2.3 STREET ADDRESS	4920 Newkirk Dr Suite #3	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa FL 33624	
TITLE		3.1 TITLE	VP	☐ Change ☒ Addition
NAME		3.2 NAME	Richard A. Ham	
STREET ADDRESS		3.3 STREET ADDRESS	4920 Newkirk Dr. Suite #3	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Tampa FL 33624	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and 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 on an attachment with an address.

SIGNATURE: Gary E. Prescott 4-3-95 (813)962-2666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0298430 CP