**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT

**1995**

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

APPROVED AND FILED

1995 MAY -1 PM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000020979

1. Corporation Name
WACO SRQ INC

Principal Place of Business
1255 DOCKSIDE PLACE
SARASOTA FL 34242

Mailing Address
SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 3-22-93
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip / Country
24 / 25

2a. Mailing Address
26: 1255 DOCKSIDE PLACE
Suite, Apt #, etc
27
City & State
28: SARASOTA FL
Zip / Country
29: 34242 / 30: SARASOTA

4. FEI Number: 65-0398457
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

10. Name and Address of New Registered Agent
81 Name: DWIGHT MEAD
82 Street Address (P.O. Box Number is Not Acceptable): 1255 DOCKSIDE PL
83
84 City: SARASOTA FL 85 Zip Code: 34242

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: Dwight Mead DWIGHT MEAD 4-24-95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | DIRECTOR<br>DWIGHT MEAD<br>1255 DOCKSIDE PLACE<br>SARASOTA, FL, 34242 | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP | ☐ Change ☐ Addition<br>100001473921<br>-05/03/95--01142--014<br>****200.00 ****200.00 |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | RANDE RIDGDILL - DIRECTOR<br>3840 MARIE DUNES DR.<br>SARASOTA FL. | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP | TREAS ☐ Change ☐ Addition<br>5-1-95 |

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:** Dwight Mead DWIGHT MEAD 4-17-95 813-485-9641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #