SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1996.
AMOUNT DUE ON OR BEFORE 8/0/96: $220 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

PROFIT
CORPORATION
ANNUAL REPORT
1995

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

FILED
95 JUL 19 AM 11:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P93000053553 (2)**

1. Corporation Name
WCC DIVERSIFIED, INC.

Principal Place of Business	Mailing Address
1685 A - E.E. WILLIAMSON RD. LONGWOOD FL 32779	1685 A - E.E. WILLIAMSON RD. LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/27/1993**
3a. Date of Last Report: **04/22/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **59-3182440** ☐ 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

WATSON, WILLIAM S
1685 A - E.E. WILLIAMSON RD.
LONGWOOD FL 32779

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	DP	13.1 TITLE	☐ Change ☐ Addition
NAME	WATSON, WILLIAM S	13.2 NAME	
STREET ADDRESS	283 FALLING LEAF LANE	13.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL 32707	13.4 CITY-ST-ZIP	
TITLE	D	13.1 TITLE	☐ Change ☐ Addition
NAME	WATSON, MARY C	13.2 NAME	
STREET ADDRESS	283 FALLING LEAF LANE	13.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL 32707	13.4 CITY-ST-ZIP	
TITLE	ST	13.1 TITLE	☐ Change ☐ Addition
NAME	WATSON, MARY	13.2 NAME	
STREET ADDRESS	C/O 1685 A - E.E. WILLIAMSON RD.	13.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779	13.4 CITY-ST-ZIP	
TITLE	D	13.1 TITLE	☐ Change ☐ Addition
NAME	COPPAGE, PAUL L	13.2 NAME	
STREET ADDRESS	283 FALLING LEAF LANE	13.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL 32707	13.4 CITY-ST-ZIP	
TITLE	DV	13.1 TITLE	☑ Change ☐ Addition
NAME	COVEY, DEBORAH K S.	13.2 NAME	Covey, Deborah S.
STREET ADDRESS	1685 A - E.E. WILLIAMSON RD.	13.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779	13.4 CITY-ST-ZIP	
TITLE		13.1 TITLE	☐ Change ☐ Addition
NAME		13.2 NAME	
STREET ADDRESS		13.3 STREET ADDRESS	
CITY-ST-ZIP		13.4 CITY-ST-ZIP	

CR2E034 (3/95)

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: Deborah S. Covey Deborah S. Covey 7-10-95 407-869-6502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000700 CP