**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

95 MAY -1 AM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000079339 (6)

1. Corporate Name
WILD CARD ENTERPRISES, INC.

Principal Place of Business
106 RIDGE ROAD
LAKE MARY FL 32746

Mailing Address
106 RIDGE ROAD
LAKE MARY FL 32746

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/17/1993
3a. Date of Last Report: 06/21/1994

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

4. FEI Number: 59-3210876 — 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 activity for intangible tax under S. 199.032, Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
O'QUINN, MICHAEL A
200 S ORANGE AVE, 2600
ORLANDO FL 32801

10. Name and Address of New Registered Agent
81 Name: Thomas E. Waite
82 Street Address (P.O. Box Number is Not Acceptable): 106 Ridge Road
83
84 City: Lake Mary FL 85 Zip Code: 32746

11. Pursuant to the provisions of Section 607.0501 and/or 1506, 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 and/or change or add officers or directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0501, Florida Statutes.

SIGNATURE: Thomas E. Waite — X 5-1-95

12. OFFICERS AND/OR DIRECTORS

| | |
|---|---|
| TITLE | PST |
| NAME | WAITE, THOMAS E |
| STREET ADDRESS | 106 RIDGE ROAD |
| CITY, ST, ZIP | LAKE MARY FL |
| TITLE | D |
| NAME | WAITE, NOREEN E. |
| STREET ADDRESS | 106 RIDGE RD. |
| CITY, ST, ZIP | LAKE MARY FL |
| TITLE | V |
| NAME | ~~MCCLURE, WILLIAM E.~~ |
| STREET ADDRESS | ~~RT. 1, BOX 292~~ |
| CITY, ST, ZIP | ~~DECATURVILLE, TN~~ |

DELETE

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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STREET ADDRESS
CITY, ST, ZIP

14. I hereby certify that the information supplied with this report is complete, accurate and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information contained in 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 above, or on attachment with an address.

SIGNATURE: X 5-1-95 X (407) 324-1606
ORIGINAL AND LEGIBLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Thomas E. Waite

0040921 CP