

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

**APPROVED  
AND  
FILED**

95 MAY 25 AM 2:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **P93000085995 (7)**  
1. Corporation Name  
**WAKULLA SECRETARIAL & ADVERTISING SERVICES, INC.**

Principal Place of Business: **36 RIVER TERRACE RD  
SOPCHOPPY FL 32358**  
Mailing Address: **P.O. BOX 158  
SOPCHOPPY FL 32358-0158**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **44 Rose Street**  
2a. Mailing Address: **P.O. Box 158**  
21. State Apt # etc: **Sopchoppy**  
22. State Apt # etc: **Sopchoppy**  
23. City & State: **Sopchoppy Florida**  
24. Zip: **32358** Country: **USA**  
25. Zip: **32358** Country: **US**

3. Date Incorporated or Qualified: **12/15/1993**  
3a. Date of Last Report: **08/08/1994**  
4. FEI Number: **59-3162885**  
5. Certificate of Status Desired:  **\$9.75 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  
**WILLIS, ANNETTE P  
36 RIVER TERRACE RD.  
SOPCHOPPY FL 32358**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0902 and 607.1508, Florida Statutes, the above named corporation submits the 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0905, Florida Statutes.  
SIGNATURE: *Annette P. Willis* **Annette P. Willis, Pres.** **5-25-95**  
Date of Appointment of Registered Agent and the Appointment of Registered Agent (Separate Registrations)

12. OFFICERS AND DIRECTORS

1. TITLE	<b>P</b>
1. NAME	<b>WILLIS, ANNETTE P.</b>
1.1 STREET ADDRESS	<b>36 RIVER TERRACE RD</b>
1.4 CITY ST ZIP	<b>SOPCHOPPY FL 32358-0158</b>
2. TITLE	
2. NAME	
2.1 STREET ADDRESS	
2.4 CITY ST ZIP	
3. TITLE	
3. NAME	
3.1 STREET ADDRESS	
3.4 CITY ST ZIP	
4. TITLE	
4. NAME	
4.1 STREET ADDRESS	
4.4 CITY ST ZIP	
5. TITLE	
5. NAME	
5.1 STREET ADDRESS	
5.4 CITY ST ZIP	
6. TITLE	
6. NAME	
6.1 STREET ADDRESS	
6.4 CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	
1.1 STREET ADDRESS	
1.4 CITY ST ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
2.1 STREET ADDRESS	<b>400001503534</b>
2.4 CITY ST ZIP	<b>-06/01/95--01074--003</b>
3. TITLE	<b>****233.75 [****238] Association</b>
3. NAME	
3.1 STREET ADDRESS	
3.4 CITY ST ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
4.1 STREET ADDRESS	
4.4 CITY ST ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
5.1 STREET ADDRESS	
5.4 CITY ST ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
6.1 STREET ADDRESS	
6.4 CITY ST ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Rule 199.02(2), Florida Statutes. I further certify that the information indicated on the annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect and shall be enforceable that I am an officer or director of this corporation or the receiver or trustee appointed to receive this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. I am not affiliated with an address.

SIGNATURE: *Annette P. Willis* **Annette P. Willis** **5/25/95** **222-9333**  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR