

FILE NOW: FILING FEE AFTER MAY 1 IS \$220.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 21 AM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000002567 (3)

1. Corporation Name

W-S INVESTMENTS OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

221 E. STUART AVENUE
LAKE WORTH FL 33853

P.O. BOX 482
LAKE WALES FL 33853

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/11/1994 3a. Date of Last Report

4. FEI Number 59-3223965 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. 100.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 221 E Stuart Avenue

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

Lake Wales, FL

29 Zip

30 Country

24 Zip

25 Country

29 Zip

30 Country

33853

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEBB, JOSEPH E
221 E. STUART AVENUE
LAKE WORTH FL 33853

81 Name WEBB, JOSEPH E.

82 Street Address (P.O. Box Number is Not Acceptable) 221 E. Stuart Avenue

83

84 City Lake Wales

FL

85 Zip Code 33853

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 607.0502, Florida Statutes.

SIGNATURE

Handwritten signature of Joseph E. Webb

Signature, type or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when re-registering)

4/18/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WEBB, JOSEPH E
STREET ADDRESS P.O. BOX 482 N/A
CITY-ST-ZIP LAKE WALES FL 33853

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME BRANNEN, GERALD A
STREET ADDRESS P.O. BOX 482 N/A
CITY-ST-ZIP LAKE WALES FL 33853

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ST
NAME WEBB, JOSEPH E
STREET ADDRESS P.O. BOX 482 N/A
CITY-ST-ZIP LAKE WALES FL 33853

3.1 TITLE ST Change Addition
3.2 NAME WEBB, JOSEPH E.
3.3 STREET ADDRESS P. O. BOX 482 N/A
3.4 CITY-ST-ZIP LAKE WALES, FL 33853

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(3)(k), 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 the address.

SIGNATURE:

Handwritten signature of Joseph E. Webb

Signature and typed or printed name of signing officer or director

4/18/95

Date

813-676-1481

Telephone