

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000014359 (1)**

1. Corporation Name

WAHOO ENTERPRISES, INC.



Principal Place of Business

**1922 SOUTHAMPTON ROAD
JACKSONVILLE FL 32207**

Mailing Address

**1922 SOUTHAMPTON ROAD
JACKSONVILLE FL 32207**

2. Principal Place of Business

21 **2721 Harbor Court**

Suite, Apt. #, etc.

22 City & State

23 **St. Augustine, Florida**

Zip

24 **32095**

Country

25 **USA**

2a. Mailing Address

26 **2721 Harbor Court**

Suite, Apt. #, etc.

27 City & State

28 **St. Augustine, Florida**

Zip

29 **32095**

Country

30 **USA**

3. Date Incorporated or Qualified

02/22/1994

3a. Date of Last Report

07/14/1995

4. FEI Number

59-3232700

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

**HARDY, RICHARD L
1922 SOUTHAMPTON ROAD
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

81 Name

HARDY, RICHARD L

82 Street Address (P.O. Box Number is Not Acceptable)

2721 Harbor Court

83

84 City

St. Augustine

FL

85 Zip Code
32095

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

Signature typed or printed on a separate page with this report.

NOTE: Registered Agent signature required when changing.

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☐ DELETE

NAME **HARDY, RICHARD L**
STREET ADDRESS **1922 SOUTHAMPTON ROAD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **PD** ☐ DELETE

NAME **HARDY, TRACEY Y**
STREET ADDRESS **1922 SOUTHAMPTON ROAD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 119.07(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 I am listed as an officer or director.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard L. Hardy

4-16-96

(904) 398-7949

Date: _____

CR2E034 (12/95)