PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 8:44

DOCUMENT # P94000019356 (2)

1. Corporation Name

S.A. WAGNER ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2410 PORTLAND ST SARASOTA FL 34231	2410 PORTLAND ST SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/09/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0473801	Applied For / Not Applicable
21 2410 Portland St.	26 2410 Portland St.		
Suite, Apt. #, etc.: 22 N/A	Suite, Apt. #, etc.: 27 N/A	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State: 23 Sarasota Fl.	City & State: 28 Sarasota, Fl.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip: 24 34231 County: 25 U.S.	Zip: 29 34231 County: 30 U.S.	8. This corporation has liability for intangibles tax under s. 199.032, Florida Statutes ☐ Yes ☑ No	

9. Name and Address of Current Registered Agent

STEPHEN F. VOIGT, P.A.
2414 BEE RIDGE RD
SARASOTA FL 34239

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	P - T - S	11 TITLE	☐ Change ☐ Addition
NAME	Scott Wagner	12 NAME	
STREET ADDRESS	2410 Portland St.	13 STREET ADDRESS	
CITY-ST-ZIP	Sarasota Florida 34231	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	Mary Wagner	22 NAME	
STREET ADDRESS	2410 Portland St.	23 STREET ADDRESS	
CITY-ST-ZIP	Sarasota, Fl. 34231	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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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 changed, or on an attachment with an address.

SIGNATURE: Scott A. Wagner Scott A. Wagner 6-6-95 (941) 953-5440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0184845 FP