

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000030594 (3)

1. Corporation Name

WENDY HOUSE, INC.



Principal Place of Business

Mailing Address

988 WESTWOOD SQUARE
#1
OVIDO FL 32765
US

988 WESTWOOD SQ
#1
OVIDO FL 32765
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 470 River Dr.

Suite, Apt. #, etc.

22 City & State
DeBary, FL

23 Zip Country
32713 US

24 32713

25 US

2a. Mailing Address

26 Po Box 620743

Suite, Apt. #, etc.

27 City & State
Oviedo, FL

28 Zip Country
32762 US

29 32762

30 US

3. Date Incorporated or Qualified

04/20/1994

4. FEI Number

59-3295282

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

LYNCHARD, ROBERT R
470 RIVER DR
DEBARY FL 32713

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME LYNCHARD, WENDY P

STREET ADDRESS 470 RIVER DR.

CITY-ST-ZIP DEBARY FL

TITLE VPD ☒ DELETE

NAME GAINES, RICHARD

STREET ADDRESS 568 CASCADE CIR., #104

CITY-ST-ZIP CASSELBERRY FL

TITLE VD ☒ DELETE

NAME LYNCHARD, WENDY P

STREET ADDRESS 470 RIVER DR

CITY-ST-ZIP DEBARY FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE YD ☐ Change ☒ Addition

1.2 NAME Lynchard, Robert R.

1.3 STREET ADDRESS 470 River Dr.

1.4 CITY-ST-ZIP DeBary, FL 32713

2.1 TITLE STA ☐ Change ☒ Addition

2.2 NAME Pechin, Susan L.

2.3 STREET ADDRESS 604 Casa Park Court J

2.4 CITY-ST-ZIP Winter Springs, FL 32708

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an address.

CR2E034 (10/97)