

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

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 12 AM 8:43

DOCUMENT # P94000040052 (0)

1. Corporation Name

WAYNE MANAGEMENT, INC.

Principal Place of Business

3920 BEE RIDGE RD
BLDG E SUITE C
SARASOTA FL 34233

Mailing Address

3920 BEE RIDGE RD
BLDG E SUITE C
SARASOTA FL 34233

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/16/1994

3a. Date of Last Report

4. FEI Number

65-0493210

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

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 1621 Caribbean Dr.

2a. Mailing Address

26 P.O. Box 3319

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 SARASOTA, Florida

City & State

28 SARASOTA, FL

Zip

24 34231

Country

25 SARASOTA

Zip

29 34230

Country

30 SARASOTA

9. Name and Address of Current Registered Agent

DOOLEY, WILLIAM A
2070 RINGLING BLVD
SARASOTA FL 34237

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 the applicant

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME WOOLF, JARED W
STREET ADDRESS 3920 BEE RIDGE RD BLDG E SUITE C
CITY - ST - ZIP SARASOTA FL 34233

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME Woolf, Jared W.
1.3 STREET ADDRESS 1621 Caribbean Dr.
1.4 CITY - ST - ZIP SARASOTA, FL, 34231

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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 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 an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jared Woolf

5/29/95

(813) 374-9653