


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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90048 012 ***150.00

0049526

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000041514					
1. Corporation Name WIRED NUTS, INC.					
Principal Place of Business 204 S. MONROE STREET TALLAHASSEE FL 32301			Mailing Address 204 S. MONROE STREET TALLAHASSEE FL 32301		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/03/1994	
21		26		4. FEI Number 59-3249330	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Zip			
24		29		30	
9. Name and Address of Current Registered Agent BLANK, F. PHILIP ESQ. 204 S. MONROE STREET TALLAHASSEE FL 32301			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input checked="" type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME BLANK, F. PHILIP			1.2 NAME		
STREET ADDRESS 2528 BETTON WOODS DRIVE			1.3 STREET ADDRESS		
CITY-ST-ZIP TALLAHASSEE FL 32312			1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME HINKLE, CLIFFORD R			2.2 NAME		
STREET ADDRESS 2916 ABBOTSFORD WAY			2.3 STREET ADDRESS		
CITY-ST-ZIP TALLAHASSEE FL 32312			2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME WATTERS, WAYNE C			3.2 NAME		
STREET ADDRESS 3222 SHAMROCK EAST			3.3 STREET ADDRESS		
CITY-ST-ZIP TALLAHASSEE FL 32308			3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME GRAY, JIM			4.2 NAME		
STREET ADDRESS 3304 WILDWOOD TRAIL			4.3 STREET ADDRESS		
CITY-ST-ZIP TALLAHASSEE FL 32312			4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME MCSWAIN, THOMAS R			5.2 NAME		
STREET ADDRESS 2614 GREEN CROSSING DRIVE			5.3 STREET ADDRESS		
CITY-ST-ZIP TALLAHASSEE FL 32308			5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-9-99 850 681-6710

CR2E034 (11/98)