

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000061437 (7)

1. Corporation Name

WEHCO, INC.



Principal Place of Business

Mailing Address

147 UNIVERSITY PARK DRIVE
WINTER PARK FL 32793

147 UNIVERSITY PARK DRIVE
WINTER PARK FL 32793

3. Date Incorporated or Qualified

08/18/1994

3a. Date of Last Report

04/19/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-3261936

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 has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAYWARD, WALTER E
147 UNIVERSITY PARK DRIVE
WINTER PARK FL 32793

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 fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME WALTER E. HAYWARD
STREET ADDRESS 4023 BONNIE DR.
CITY-ST-ZIP APOKA FL

☐ DELETE

TITLE T
NAME LORIS P. HAYWARD
STREET ADDRESS 4023 BONNIE DR.
CITY-ST-ZIP APOKA FL

☐ DELETE

TITLE V
NAME LYNNETTE HAYWARD-WILLIAMS
STREET ADDRESS 4660 E ROUND LAKE RD
CITY-ST-ZIP LANSINGBURG MI

☐ DELETE

TITLE S
NAME JANET F. HAYWARD
STREET ADDRESS 1322 W. MICHIGAN AVE.
CITY-ST-ZIP LANSING MI

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

2111 Falkner Rd
Orlando, FL. 32810

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

2111 Falkner Rd
Orlando, FL. 32810

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

2141 N Aurelius Rd #92
Holt, MI. 48842

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☒ Change ☐ Addition

☒ Change ☐ Addition

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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 617, 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

Loris P Hayward - Treasurer

6/10/96

407-788-3000(Wk)

CR2E034 (3/96)