

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000075233**
1. Corporation Name

Wible & Wible Inc.

Principal Place of Business: **2516 Water Oak Circle Navarre, Fl. 32566**
Mailing Address: **Same as place of business**

2. Principal Place of Business
21 **2516 Water Oak Cir.**
Suite, Apt. #, etc.
22 **Navarre, Fl. 32566**
City & State
23
24 **32566** Zip
25 **U. S. A.** Country
26 **2516 Water Oak Cir.**
Suite, Apt. #, etc.
27 **Navarre, Fl.**
City & State
28
29 **32566** Zip
30 **U. S. A.** Country

3. Date Incorporated or Qualified: **10-10-94**
3a. Date of Last Report
4. FEI Number: **P94000075233 (4)**
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
81 Name: **Jack H. Wible**
82 Street Address (P.O. Box Number is Not Acceptable): **2321 Frontera St.**
83
84 City: **Navarre, Fl. 32566-9266**
85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Jack H. Wible* DATE: _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------|---------------------------------|
| TITLE | President | <input type="checkbox"/> DELETE |
| NAME | Jack H. Wible | |
| STREET ADDRESS | 2321 Frontera St. | |
| CITY-ST-ZIP | Navarre, Fl. 32566-9266 | |
| TITLE | Vice President | <input type="checkbox"/> DELETE |
| NAME | Jack H. Wible Jr. | |
| STREET ADDRESS | 2516 Water Oak Cir. | |
| CITY-ST-ZIP | Navarre, Fl. 32566 | |
| TITLE | Secretary | <input type="checkbox"/> DELETE |
| NAME | Lynne Wible Bollhoefer | |
| STREET ADDRESS | 2500 Water Oak Cir. | |
| CITY-ST-ZIP | Navarre, Fl. 32566 | |
| TITLE | Treasure | <input type="checkbox"/> DELETE |
| NAME | Dorothy N. Wible | |
| STREET ADDRESS | 2321 Frontera St. | |
| CITY-ST-ZIP | Navarre, Fl. 32566-9266 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY-ST-ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY-ST-ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY-ST-ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | 900001845413 |
| 63 STREET ADDRESS | -05/31/96--01019--007 |
| 64 CITY-ST-ZIP | ***225.00 |

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 if changed, or on an attachment with an address.

SIGNATURE: *Jack H. Wible* DATE: **5/23/96** DAY: **939 1948**

CR2E034 (12/95)