Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90206 027 ***150.00



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000094245

1. Corporation Name

WAY CACLEME INC

WOM OIG	STEIVIS, INC.										
Principal Place of Business Mailing Address							# 100#18## 14# FB#14 B#0## #B#14 BD#14		BILL BIRLD HAND B	HOUR BALL AND	
501 MASON AVE 501 MASON AVE DAYTONA BEACH FL 32117 US US				3. Date Incorpora 12/30/1994			3. Date Incorporated or Qualifed	DO NOT WRITE IN THIS SPACE ed or Qualifed			
2 Dringing DI	ace of Business	2a. Mailing Ad	drace				4. FEI Number		Anr	olied For	
21 Principal Fi	ace of Doshless	26 Maining 70	u1633			İ	59-3289073		 	Applicable	
Suite, Apt.	#. etc.	Suite, Apt.	#, etc.						\$8.75 A	dditional	
22	.,	27					5. Certifcate of Status Desired		Fee Red	quired	
City & State	9	City & Stat	le				6. Election Campaign Financing	~··	\$5.00	May Be	
28						Trust Fund Contribution		Added to	Fees		
Zip	Country	Zíp		Country	/		8. This corporation owes the curre			`	
24	25						Personal Property Tax. XXYes □ No				
	9. Name and Address of Current	Registered Agen	<u>t</u> _	81	Nome		10. Name and Address of New Re	gistered	Agent		
THE PRENTICE HALL CORPORATION SYSTEM INC							us M. Webb				
1201 HAYS ST SUITE 105				82	Street	Addres	ss (P.O. Box Number is Not Acceptat	ole)			
TALLAHASSEE FL 32301				83		2800	O`N. Halifax Drive				
,,,				"	1						
are grandered to the control of the					City	Dayt	tona Beach	FL		118	
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 of 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
12.	OFFICERS AND		(10,12,10	13.			ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTO	RS IN 12	
TITLE	P		DELETE	1.1 TITLE					Change	☐ Addition	
NAME	WEBB, RUFUS M			1.2 NAME							
STREET ADDRESS	2800 N. HALIFAX DRIVE		1	1.3 STREE	T ADDRESS	İ					
CITY-ST-ZIP	DAYTONA BEACH FL			1.4 CITY-ST-ZIP					-110-		
TITLE	S		DELETE	2.1 TITLE		P/9	5		XX Change	☐ Addition	
NAME	SCHAEFER, SUSAN M			2.2 NAME			san M. Schaefer				
STREET ADDRESS	5750 JOHN ANDERSON HWY.			2.3 STREE	T ADDRESS		50 John Anderson Hwy				
CITY-ST-ZIP	FLGLER BEACH FL			2. 4 CITY-	ST-ZIP		agler Beach, FL 32	136		XIX Addition.	
TITLE .	☐ DELETE		I '		V V	· · · · · · · · · · · · · · · · · · ·		Change	ALA ADDICON.		
NAME	t			3.2 NAME		ı	muel A. Tucker 5 Wendam Circle				
STREET ADDRESS					T ADDRESS	1	- ··				
CITY-ST-ZIP			DELETE	3.4. CITY-	ST-ZIP	101	rt Orange, FL 32127		Change	Addition	
TITLE		لسا	DELETE	4.1 TITLE							
NAME				4. 2 NAME							
STREET ADDRESS				4.3 STREE	T ADORESS						

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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

COURSUSAN M. Schaefer ING OFFICER OR DIRECTOR

DELETE

DELETE

☐ Addition

☐ Addition

☐ Change

☐ Change