

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 # P95000025807 (5)

1. Corporation Name

WAYNE DEVELOPMENT CORPORATION



Principal Place of Business

8354 FLEMING GRANT RD.
SEBASTIAN FL 32976

Mailing Address

8354 FLEMING GRANT RD.
SEBASTIAN FL 32976

2. Principal Place of Business

21 1615 SW 6th AVE

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 FT. LAUD FL

24 Zip 33315

25 Country

27 City & State

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

03/28/1995

3a. Date of Last Report

4. FEI Number

59-3343314

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

~~BARNHART, PHILLIP W.~~
~~9354 FLEMING GRANT RD.~~
~~SEBASTIAN FL 32976~~

10. Name and Address of New Registered Agent

81 Name

MICHAEL TAYLOR CPA

82 Street Address (P.O. Box Number is Not Acceptable)

6363 NW 6th Way #210

83

84 City

FT. LAUD

FL

85 Zip Code

33309

11. Pursuant to the provisions of Sections 607.0502 and 607.1108, 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, the registered agent under Chapter 607, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and date (Block 12)

(NOTE: Registered Agent Signature required when reappointing)

4-30-96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D/P/S
BARNHART, PHILLIP W.
STREET ADDRESS 9354 FLEMING GRANT RD.
CITY-ST-ZIP SEBASTIAN FL 32976

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1615 SW 6th AVE
FT. LAUD. FL. 33315

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 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:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E034 (12/95)