

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

**FILED**

**Feb 17 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P95000029670 (3)**

1. Corporation Name  
**WPAJ, INC.**



Principal Place of Business  
**HWY. 27, MAIN STREET  
MAYO FL 32066**

Mailing Address  
**HWY. 27, MAIN STREET  
MAYO FL 32066**

<b>3. Date Incorporated or Qualified</b> 04/10/1995	<b>3a. Date of Last Report</b> 03/26/1996
<b>4. FEI Number</b> 59-3307526	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

<b>2. Principal Place of Business</b>	<b>2a. Mailing Address</b>
<b>21</b> Suite, Apt #, etc.	<b>26</b> Suite, Apt #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip Country	<b>28</b> Zip Country
<b>24</b>	<b>29</b>
<b>25</b>	<b>30</b>

<b>9. Name and Address of Current Registered Agent</b> <b>THOMAS, WAYMON W JR. HWY. 27, MAIN STREET MAYO FL 32066</b>	<b>10. Name and Address of New Registered Agent</b>
	<b>81</b> Name
	<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
	<b>83</b>
	<b>84</b> City <b>FL</b> <b>85</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, WAYMON W JR.	1.2 NAME	
STREET ADDRESS	HWY. 27, MAIN STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MAYO FL 32066	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, PAULA O	2.2 NAME	
STREET ADDRESS	POST OFFICE BOX 58 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	MAYO FL 32066	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Amanda K. Thomas
STREET ADDRESS		3.3 STREET ADDRESS	HWY 27, Main Street
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Mayo, FL 32066
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Jennifer S. Thomas
STREET ADDRESS		4.3 STREET ADDRESS	HWY 27, Main Street
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Mayo, FL 32066
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 do 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 supplements 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 of this report and that I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.**

**SIGNATURE:** *Waymon W. Thomas* **Waymon W. Thomas, REQUIRED** **1/7/97** **(904) 594-1040**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)