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PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000038657** (9)

W N C, INC.

Principal Place of Business Mailing Address 750 BEACHLAND BLVD. 756-BEACHLAND BLVD. VERO BEACH FL 32963 VERO BEACH FL-32963-1745 3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1996 05/15/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0583174 8155 25th Street Not Applicable 26 8155 25th Street Suite, Apt. #, etc. Suite Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Vero Beach, FL Vero Beach, Trust Fund Contribution 23 28 Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, 25 Indian River 29 32966 9. Name and Address of Current Registered Agent Yes No Florida Statutes 24 30 Indian River 10. Name and Address of New Registered Agent Name COLLINS, GEORGE G JR. 756 BEACHLAND BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) VERO BEACH FL 32963 63 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 \$ or afore, typest or project man elot registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE P/S/T/D X Change Addition 1.1 TITLE TII - F WADDELL, BECKETT E 11414 1.2 NAME 8155 25TH ST. 13 STREET ADDRESS SPREED ADDRESS VERO BEACH FL 32966 14 CITY-ST-ZIP CHIV-\$1-Z6 DELETE Change Addition HUE 21 TITLE NAME 22 NAME STREET LADDRESS 2.3 STREET ADDRESS CHY-ST-26 2 4 CITY-ST-ZIP DELETE Change ☐ Addition 10,0 31 TITLE HAME 3.2 NAME **33 STREET ADDRESS** STREET ADDRESS CITY SI ZE 34. C(1Y-ST-ZIP DELETE Addition Change HILE 41 TITLE NAME 4 2 NAME STREET & YORK 55 4 3 STREET ADDRESS CITY - S1 - ZiPi 44 CITY-ST-ZIP DELETE Change Addition DITE 51 TITLE NAME 52 NAME STREET ADDRESS **53 STREET ADDRESS** 54 CITY-ST-ZIP DELETE Change Addition Title F 61 TITLE NAME 62 NAME STREET ADDRESS **63 STREET ADDRESS**

64 CiTY-ST-ZiP

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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

14. If do hereby cert'y that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

SIGNATURE:

appears in Block 12 or Block 13,

CITY - ST - ZiP

ATURE AND TYPEO OF PRINTED NAME OF SYMMO OF FICE OF ORFICE OF

4/1/97

Date

(561) 567-4001

FILED

Apr 04 1997 8:00am

Secretary of State

Daytime Frione #

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