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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000068127 (6)

WAHOO SOUTH, INC.

STREET ADDRESS

CITY - ST- ZIP

Principal Place of Business Mailmo Address 8391 E ORANGE AVE 8391 E ORANGE AVE FLORAL CITY FL 34436-3268 FLORAL CITY FL 34436 3. Date Incorporated or Qualified 3a, Date of Last Report 09/05/1995 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3331916 Not Applicable 21 26 Suite, Apt. #. etc Suite: Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box Added to Fees 23 28 Trust Fund Contribution This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No Country Country Zin 240 20 30 24 25 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent GLASS, RODNEY 8391 E ORANGE AVE 82 Box Number is Not Acceptable) Street Address (P.O. FLORAL CITY FL 34436 83 City Flora Zip Code 711. 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 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 84 (NOTE: Registered Agent signature required when re-instating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) (6) OFFICERS AND DIRECTORS 13. 12. DELETE T.1 TITLE TITLE GLASS, RODNEY NAME 12 NAME **2E034** ouisd toodmasts. 3 pld11 8391 E ORANGE AVE STREET ADDRESS 1.3 STREET ADDRESS Floral City, Fl. 34436 FLORAL CITY FL 34436 1.4 CITY-ST-ZIP C(1Y - S1 - 7(P) DELETE THEF 2.1 TITLE huczlene Sudheimer 11619 E. Steam boot GLASS, CAROL NAME 22 NAME 8391 E ORANGE AVE STREET ADDRESS 23 STREET ADDRESS FloRAT CITY, FT. 34486 FLORAL CITY FL 34436 CITY-ST-ZIE 2. 4 CITY - ST-ZIP DELETE Change Addition 3.1 TITLE THE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 City-St-7iP CITY - ST - ZIP DELETE ☐ Change Addition THEF 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS DITY-S1-7-P 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE LILE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS Diff ST-200 5.4 CHTY-ST-ZIP DELETE Change Addition 6.1 TITLE TOLE 62 NAME NAM

SIGNATURE: DISCHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

14. I do hereby certify 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

362-810-1122

FILED

May 13 1997 8:00am

Secretary of State