Applied For Not Applicable

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

28

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Zip

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000068127

1. Corporation Name

:3

:4

Zip

WAHOO SOUTH, INC.

Principal Place of Business Mailing Address		( (BBI(San (ith )Bit)) and sand above more caret when case can			
8391 E ORANGE AVE FLORAL CITY FL 34436	8391 E ORANGE AVE FLORAL CITY FL 34436	DO NOT WRITE IN THIS SPACE			
		3. Date Incorporated or Qualifed 09/05/1995			
2. Principal Place of Business	2a. Mailing Address	4. FEI Number Applied For			
21	26	59-3331916 Not Applicab			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifcate of Status Desired See Required			
City & State	City & State	6. Election Campaign Financing 55.00 May Be			

SUDHEIMER, LUELLENE 11619 E. STEAMBOAT DRIVE FLORAL CITY FL 34436

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Country

9. Name and Address of Current Registered Agent

	6. Election Campaign Financing Trust Fund Contribution	g	\$5.00 May Be Added to Fees		
intry	This corporation owes the corporal Property Tax.	urrent year Inta	angible Yes	□No _	
	10. Name and Address of New	Registered	Agent		
81	Name				
82	Street Address (P.O. Box Number is Not Accept	ptable)			
83					
84	City		85	Zip Code	

**FILED** 

Jul 12, 1999 8:00 am Secretary of State

07-12-1999 90003 037 \*\*\*550.00

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.

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicat	NOTE: Da	gistered Agent signature re	equired when reinstating)	DATE	<u> </u>	·
12.	OFFICERS AND DIRECTOR		13.		GES TO OFFICERS AN	ID DIRECTOR	RS IN 12
TITLE	D	DELETE	1.1 TITLE			☐ Change	Addition
NAME	SUDHEIMER, GEORGE	Ţ	1.2 NAME				
STREET ADDRESS	11619 E. STEAMBOAT DR.		1.3 STREET ADDRESS				j
CITY-ST-ZIP	FLORAL CITY FL		1.4 CITY-ST-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change	Addition
VAME	SUDHEIMER, LUELLENE		2.2 NAME				
STREET ADDRESS	11619 E STEAMBOAT DR.		2.3 STREET ADDRESS		· ·		}
DITY-ST-ZIP	FLORAL CITY FL		2.4 CITY-ST-ZIP				
TILE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
<b>NAME</b>		•	3.2 NAME				Ì
STREET ADDRESS			3.3 STREET ADDRESS				[
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TTLE		DELETE	4.1 TITLE			☐ Change	Addition
IAME			4. 2 NAME				ļ
TREET ADDRESS			4.3 STREET ADDRESS				ļ
ITY-ST-ZIP			4.4 CITY-ST-ZIP				
ITLE		DELETE	5.1 TITLE			Change	Addition
IAME			5.2 NAME				l
TREET ADDRESS			5.3 STREET ADDRESS				
ITY-ST-ZIP			5.4 CITY-ST-ZIP				
MLE		DELETE	6.1 TITLE			☐ Change	☐ Addition
AME	•		6.2 NAME				
TREET ADDRESS			6.3 STREET ADDRESS				i
ITY-ST-ZIP			6.4 CITY-ST-ZIP				

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 aparthment with an address, with all other like empowered.