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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000070166 (0)

W & H DEVELOPMENT, INC.

## FILED Feb 17 1998 8:00am Secretary of State



Principal Place of Business Mading Address 610 E. MAIN STREET 610 E. MAIN STREET LEESBURG FL 34748 LEESBURG FL 34748 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/12/1995 2. Principal Place of Business 2a. Mailing Address Applied For 26 59-3341041 Not Applicable 21 Suite Apt # etc. Suite, Apt #. etc \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zıp Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ROBUCK, H. D JR. 610 E. MAIN STREET 82 Street Address (P.O. Box Number is Not Acceptable) LEESBURG FL 34748 83 84 85 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 holb, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature requ d when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELFTE Change Addition TITLE 1.1 TITLE WAGNER, CLARON D NAME 1.2 NAME 3839 COUNTY ROAD 48 STREET ADDRESS 1.3 STREET ADDRESS OKAHUMPKA FL 34762 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE HEWITT, HOWARD H 2.2 NAME NAME STREET ADDRESS 3839 COUNTY ROAD 48 2.3 STREET ADDRESS OKAHUMPKA FL 34762 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Addition 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZIP ☐ DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS

14. Thereby 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 changes open an attachmost with an address

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

13/90 (352) 787-4898