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Apr 30 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 # P95000093509 (4)

1. Corporation Name

WANE SERVICES CORP.



Principal Place of Business

Mailing Address

11849 MANDARIN TERRACE ROAD
JACKSONVILLE FL 32223

POST OFFICE BOX 23375
JACKSONVILLE FL 32241-3375

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

12/08/1995

3a. Date of Last Report

08/05/1996

4. FEI Number

59-3366129

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OEHLMAN, WAYNE L
11849 MANDARIN TERRACE RD.
JACKSONVILLE FL 32223

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME OEHLMAN, WAYNE LOUIS
STREET ADDRESS 11849 MANDARIN TERRACE ROAD
CITY-ST-ZIP JACKSONVILLE FL 32223

☐ DELETE

TITLE VD
NAME ACUNA, ALBERT
STREET ADDRESS 1341 DAVID LANE
CITY-ST-ZIP MILPITAS CA

☒ DELETE

TITLE STD
NAME OEHLMAN, EMILY R
STREET ADDRESS 11849 MANDARIN TERRACE ROAD
CITY-ST-ZIP JACKSONVILLE FL 32223

☐ DELETE

TITLE D
NAME GUZMAN, ELEANOR
STREET ADDRESS 1341 DAVID LANE
CITY-ST-ZIP MILPITAS CA

☒ DELETE

TITLE D
NAME GUZMAN, NICANOR
STREET ADDRESS 1341 DAVID LANE
CITY-ST-ZIP MILPITAS CA

☒ DELETE

TITLE D
NAME ACUNA, JULIE
STREET ADDRESS 1341 DAVID LANE
CITY-ST-ZIP MILPITAS CA

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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 attachment with an address.

SIGNATURE

Wayne Louis Oehlman

(Wayne Louis Oehlman) 4/23/97 904-772-6571

CR2E034 (9/96)