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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P96000003300 (6)

WANACO, INC.

## FILED Apr 28 1998 8:00am Secretary of State



•	of Business	Mailing Address					
1964 SALI MI	TRITLE LANE	1964 SALT MYRTLE LAI	NE				
ORANGE PARI		ORANGE PARK FL 3207			DO NOT WRITE IN T	HIS SPACE	
:					3. Date Incorporated or Qualified	7110 01 7102	
'					01/01/1996		
9 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21	ace of Bosiness	26			59-3357420	<u> </u>	Not Applicable
Suite, Apt. (	V atc	Suite, Apt. #, etc.	<del></del>		_	\$8.7	5 Additional
22	, dio.	27			5. Certificate of Status Desired		Required
City & State		City & State			6. Election Campaign Financing	\$5.0	00 May Be
23		28			Trust Fund Contribution		ed to Fees
Zip	Country	Zψ	Country	/	8. This corporation owes or has paid th	e current vear	Intangible
24	25	29	30		Personal Property Tax due June 30.	Yes	<b>⊠</b> No
	9. Name and Address of Curren		10-1	·····	10. Name and Address of New Registe	ered Agent	
CO	OLEY, WAYNE J		81	Name			
			93	Ctroot Add	drope (D.O. Poy Number is Not Assentable)		
1964 <b>S</b> ALT MYRTLE LANE Orange park FL 32073			82	Sireel Add	dress (P.O. Box Number is Not Acceptable)		
ON	THE TAIN I L DEVIG		83				
						<del></del>	
			84	City		FL  85   2	ip Code
11 Pursuant t	a the provisions of Sections 607.050	02 and 607 1508. Florida Stati	ites the abov	L. e-named co	rooration submits this statement for the purpo	se of changin	a its registered
office or re	edistered arient, or both, in the State	e of Florida. Such change was	authorized b	v the corpora	ation's board of directors. I hereby accept the	e appointment	as registered
agent. I ar	n familiar with, and accept the oblig	jalions of, Section 607.0505, F	iorida Statute	S			
SIGNATURE	0	(N)	III Danishand An	ord cionatura ren	uirod whoe reinetation)	ATF	
<del></del>	Signature, typed or printed name of registered by			ent signature requ		ATE S AND DIRECT	ORS IN 12
12.	OF LICERS AN	ID DIRECTORS	13.	eril signature requ	uired when reinstating) D ADDITIONS/CHANGES TO OFFICERS	S AND DIRECT	
12.	OFFICERS AN		13. 1.1 TITLE	erii signature reqi			
12. TITLE NAME	PD COOLEY, WAYNE J	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME			S AND DIRECT	
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Shearth Dr.