

DOCUMENT # P96000003300			
1. Entity Name			
WANACO, INC.			
Principal Place of Business		Mailing Address	
6420 METROWEST BLVD #1005 ORLANDO FL 32835		PO BOX 611 CHATTANOOGA TN 37401-0611	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
DACEY, JUDITH 773 S KIRKMAN RD SUITE 118 DELAND FL 32811		Name	
		Street Address ()	
		City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required)			
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☒			
FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State			
11. OFFICERS AND DIRECTORS			
TITLE	PD	☐ Delete	
NAME	COOLEY, WAYNE J		
STREET ADDRESS	3510 FAIRMOUNT PIKE		
CITY - ST - ZIP	SIGNAL MOUNTAIN TN 37377		
TITLE	STD	☐ Delete	
NAME	COOLEY, NANCY		
STREET ADDRESS	3510 FAIRMOUNT PIKE		
CITY - ST - ZIP	SIGNAL MOUNTAIN TN 37377		
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
12.			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607 of the Internal Revenue Code, and that the information is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 of the Internal Revenue Code, changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ WAYNE J. COOLEY			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3357420	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DACEY, JUDITH 773 S KIRKMAN RD SUITE 118 DELAND FL 32811		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COOLEY, WAYNE J 3510 FAIRMOUNT PIKE SIGNAL MOUNTAIN TN 37377 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD COOLEY, NANCY 3510 FAIRMOUNT PIKE SIGNAL MOUNTAIN TN 37377 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wayne J. Cooley WAYNE J. COOLEY 4/18/2000 (423) 886-0021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)