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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000012808

1. Corporation	WN MAINTENANCE, INC.	0.12000						
Principal Place of Business Mailing Address								
10 BELLEMEADE CIRCLE 10 BELLEMEADE CIRCLE LARGO FL 34640 LARGO FL 34640						DO NOT WRITE IN TH	IS SDACE	1
						3. Date Incorporated or Qualifed 02/07/1996	10 OF AGE	
Principal Place of Business     2a. Mailing A			Address			4. FEI Number	<u> </u>	plied For
21		26				59-3366067		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.			5. Certifcate of Status Desired	\$8.75 A	
22		27 City & State				a Station Compaign Singaping	\$5.00	·
City & State	9	City & State				6. Election Campaign Financing Trust Fund Contribution	Added t	
23	Country	Zip	Co	untry	,	This corporation owes the current year		
Zip	25	29	30	,		Personal Property Tax.	Yes	□No
24	9. Name and Address of Currer			$\top$		10. Name and Address of New Registere	d Agent	
	J. Harrie and Have son or our services			81	Name			,
	LEY, JERRY			82	Stroot Add	ress (P.O. Box Number is Not Acceptable)		
10 BELLEMEADE CIRCLE LARGO FL 34640				02	Street Add	Tess (F.O. Box Horribal is Not Acceptable)		·;
				83				. * }
				-			. 85 Zip (	Code
				84	City	F	`L   ° °	Soute
	egistered agent, or both, in the State m familiar with, and accept the obliga	ations of, Section 607.	0505, Florida Sta	atutes	ше согрогац 3.	poration submits this statement for the purpose ion's board of directors. I hereby accept the appearance of the purpose when reinstating?	pointment as re	gistered
	Signature, typed or printed name of registered age		(NOTE: Register	_	nt signature requir	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
12.		ND DIRECTORS □ D		TITLE		ADDITIONAL OF THE CONTRACT OF	Change	☐ Addition
TITLE	D LINE EV LEDDY			NAME				
NAME	HAISLEY, JERRY				TADDRESS	•.		
STREET ADDRESS	10 BELLEMEADE CIRCLE LARGO FL 34640			CITY-S	ì	# · · · · ·		
CITY-ST-ZIP	LARGO FL 34040	Пг		TITLE	11-ZIP		Change	Addition
TITLE				NAME				
NAME					T ADDRESS			
STREET ADDRESS				CITY-	1			-
CITY-ST-ZIP				TITLE	SI-ZIP		☐ Change	Addition
TITLE		٥٠		NAME		•	•	
NAME					T ADDRESS	•		
STREET ADDRESS								
CITY-ST-ZIP	-			CITY-S	31-ZIF	· · · · · · · · · · · · · · · · · · ·	Change	Addition
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NAME	1				T ADDRESS	,		
STREET ADDRESS			l.	CITY-S	i			
CITY-ST-ZIP				TITLE	) 1 - AIF	F	Change	☐ Addition
TITLE				NAME				ł
NAME					TADDRESS	•		
STREET ADDRESS	1			CITY-S				
CITY-ST-ZIP		————		TILE		<u> </u>	☐ Change	☐ Addition

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 attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

**FILED** 

Feb 18, 1999 8:00am

**Secretary of State** 

02-18-1999 90119 036 \*\*\*150.00