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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000023705 (2)

WEXFORD ENTERPRISES, INC.

Principal Place of Business Mailing Address POST OFFICE BOX 1346 POST OFFICE BOX 1346 ST. AUGUSTINE FL 32085-1346 ST. AUGUSTINE FL 32085-1346 3. Date Incorporated or Qualified 3a. Date of Last Report 03/12/1996 2. Principal Piece of Business 2a. Mailing Address Applied For 2121 USI So same 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes You No 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MCCARTHY, KERRY **604 BAYWOOD TRAIL** 82 Street Address (P.O. Box Number is Not Acceptable) ST. AUGUSTINE FL 32086 83 84 City Zip Code 11. Fursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-pamed 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and trie if applicable OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TIFLE 1.1 TITLE Addition NAME MCCARTHY, KERRY 1.2 NAME **604 BAYWOOD TRAIL** STREET ADDRESS 1.3 STREET ADDRESS CHY ST-ZIP ST. AUGUSTINE FL 32086 14 City-St-ZiP ☐ DELETE Talle 21 TITLE Change Addition RAW KNAPP, CHERYL D 2.2 NAME STREET ADDRESS **604 BAYWOOD TRAIL** 2.3 STREET ADDRESS CITY ST-21B ST. AUGUSTINE FL 32086 2. 4 CITY-ST-ZIP DELETE THE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS

20000217943 -05/15/97--01021--004 ***178.75 CPY St 7P 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 empewered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with a

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

CITY ST-7IP

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May 07 1997 8:00am

Secretary of State

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