## 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 # P96000042250

1. Corporation Name

WAYMAR SERVICES, INC.

Principal Place	of Business	Mailing Address					Sits Blata (1818 ita)	21 61111 6611 1661
2202 W 33RD S PANAMA CITY F US		2202 W 33RD ST PANAMA CITY FL 32405 US			DO NOT WRITE IN THIS SPACE			
••					3	. Date Incorporated or Qualifed		
					1	05/10/1996		
2. Principal Pla	ace of Business	2a. Mailing Address			4	, FEI Number	Applied For	
21		26				59-3388857 Not Applicable		
Suite, Apt. 7	#, etc.	Suite, Apt. #, etc.			5	5. Certificate of Status Desired   \$8.75 Additional Fee Required		
City & State	9	City & State		6	5. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Addec	i to Fees	
Zip			Country		8	<ol><li>This corporation owes the current year</li></ol>	Intangible	
24	25	29 30				Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	it Registered Agent	<del> </del>	T	10	Name and Address of New Register	ed Agent	
CORPOR MINNE			81	Name				
	REST, WAYNE		82 Street		Address (	(P.O. Box Number is Not Acceptable)		
	W 33RD ST							
PANAMA CITY FL 32405			83					
			84	1			₹ <b>∟</b> │ { `	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.								ts registered registered
SIGNATURE								
	Stgnature, typed or printed name of registered ager			nt signature re	equired when			1000 IN 12
12.			13.		Γ	ADDITIONS/CHANGES TO OFFICERS	Change	
TITLE	D .		.1 TITLE					,
NAME {	i officor, withe		.2 NAME					1
STREET ADDRESS	ELUE II GOLD G.			TADDRESS				
CITY-ST-ZIP	PANAMA CITY FL 32405			T-ZIP			☐ Change	e Addition
TITLE	D		2.1 TITLE					, (1) Addition
NAME	FORREST, MARIE							ļ
STREET ADDRESS	2202 W 33RD ST		2.3 STREET ADDRESS					
- CITY-ST-ZIP PANAMA CITY FL 32405			2.4 CITY-ST-ZIP			<u> </u>		
TITLE		_	3.1 TITLE	ļ			☐ Change	B 🗀 Addition
NAME	•		3.2 NAME	İ	1			
STREET ADDRESS	DRESS 3.3		3.3 STREE	TADDRESS				ļ
CITY-ST-ZtP			3.4. CITY-5	ST-ZIP				
TITLE		☐ DELETE	I.1 TITLE			•	Change	e
NAME	i i		4. 2 NAME					
STREET ADDRESS	ESS 4.3		1.3 STREE	TADDRESS				ļ
CiTY-ST-ZiP			1.4 CITY-S	T-ZIP				
TRLE			5.1 TITLE				Chang	e
NAME			5.2 NAME					
STREET ADDRESS				TADDRESS				ĺ
CITY-ST-ZIP .			5.4 CITY-S	T-ZIP				
TITLE	·	_ occ	3.1 TITLE				Change	e
NAME			3.2 NAME					1
STREET ADDRESS	emental services	•	3.3 STREE	TADDRESS				ľ

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP 1971

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90216 025 \*\*\*150.00

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