

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

FILED

Jun 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortlam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000046156 (1)**  
 1. Corporation Name  
**WDH, INC.**



Principal Place of Business <b>321 SILVERTON ROAD DAVENPORT FL 33837</b>	Mailing Address <b>P.O. BOX 787 LOUGHMAN FL 33858-0787</b>
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3. Date Incorporated or Qualified <b>05/23/1996</b>	3a. Date of Last Report
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29 30

**9. Name and Address of Current Registered Agent**

**KESTENS, HANK  
3387 WEST VINE STREET, SUITE 203  
KISSIMMEE FL 34741**

**10. Name and Address of New Registered Agent**

81 Name <b>KESTENS, HANK</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>3387 West Vine Street, Suite 203</b>	
83 City <b>Kissimmee</b>	
84 State <b>FL</b>	85 Zip Code <b>34741</b>

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. This 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, the provisions of Sections 607.0502 and 607.1508, Florida Statutes.

SIGNATURE **H. Kostens** DATE **03/07 '97**

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

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>KESTENS, HANK</b>
STREET ADDRESS	<b>3387 WEST VINE STREET, SUITE 203</b>
CITY-ST-ZIP	<b>KISSIMMEE FL 34741</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>KESTENS, HANK</b>
1.3 STREET ADDRESS	<b>3387 West Vine Street, Suite 203</b>
1.4 CITY-ST-ZIP	<b>Kissimmee FL 34741</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name is on Block 12 or Block 13 of the report with an attachment with an address.

SIGNATURE **H. Kostens** DATE **02/02 '97**

**407-932-3353**

CR2E034 (9/96)



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

March 18, 1997

WDH, INC.  
P.O. BOX 787  
LOUGHMAN, FL 33858

SUBJECT: WDH, INC.  
Ref. Number: P96000046156

Please be advised, we have received your document for the above corporation; however, the document **has not been filed** and is being returned for the following:

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at 1-800-829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (904) 488-9000.

ANNUAL REPORTS SECTION

Letter number: 297A00013715

/vb

Dear Mr. [unclear]

I tried several times to call the IRS.  
It is impossible to reach them by phone. Always  
busy. I don't have their address, otherwise  
I could write them a letter. Can you help me  
to settle this matter.

Sincerely

H. Kestens