

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 # P96000046156

1. Corporation Name
WDH, INC.

Principal Place of Business

405 DURANGO LOOP
DAVENPORT FL 33837

Mailing Address

405 DURANGO LOOP
DAVENPORT FL 33837

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90258 027 ***150.00

03-01-1999 90258 028 *****8.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/23/1996

4. FEI Number

94-8784870

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 2672 Winnridge Court

Suite, Apt. #, etc.

22 Orange Park

City & State

23 Jacksonville FL

Zip

Country

24 32065-6201

25

2a. Mailing Address

26 2672 Winnridge Court

Suite, Apt. #, etc.

27 Orange Park

City & State

28 Jacksonville FL

Zip

Country

29 32065-6201

30

9. Name and Address of Current Registered Agent

KESTENS, HANK
3383 W. VINE ST.
STE. 307
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

81 Name

Henk Kestens

82 Street Address (P.O. Box Number is Not Acceptable)

321 SILVERTON ROAD

83

Westridge

84 City

Davenport

FL

85 Zip Code

33034

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME KESTENS, HANK
STREET ADDRESS 321 SILVERTON ROAD
CITY-ST-ZIP DAVENPORT FL 33837

TITLE ☐ DELETE

V
NAME VEERMAN, DOROTHEA
STREET ADDRESS PIJSTAART 15
CITY-ST-ZIP 3435 DP NIEUWEGEIN NE 00

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. Kestens

Date Daytime Phone #

16 Jan 99 011 30 6021970
941 424 8966

CR2E034 (1/98)