

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

FILED

Jan 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000052492 (1)

1. Corporation Name

WAGENBRENNER ENTERPRISES, INC.



Principal Place of Business

Mailing Address

7609 PALMBROOK DR  
TAMPA FL 33615

7609 PALMBROOK DR  
TAMPA FL 33615-2937

3. Date Incorporated or Qualified  
06/19/1996

3a. Date of Last Report

2. Principal Place of Business

21 8108 Pond Shadow Ln.

2a. Mailing Address

26 P. O. Box 262582

4. FEI Number

59-3387591

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Tampa FL

City & State

28 Tampa, FL

Zip Country

24 33635 25 US

Zip Country

29 33685 30 US

9. Name and Address of Current Registered Agent

WAGENBRENNER, KENNETH  
7609 PALMBROOK DR  
TAMPA FL 33615

10. Name and Address of New Registered Agent

81 Name

Same

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

8108 Pond Shadow Lane

83

84 City

Tampa

FL

85 Zip Code

33635

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

Martha L. Wagenbrenner

Martha L. Wagenbrenner

1-20-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME WAGENBRENNER, KENNETH  
STREET ADDRESS 7609 PALMBROOK DR  
CITY-ST-ZIP TAMPA FL 33615 ☐ DELETE

TITLE DS  
NAME WAGENBRENNER, MARTHA L  
STREET ADDRESS 7609 PALMBROOK DR  
CITY-ST-ZIP TAMPA FL 33615 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Same ☒ Change ☐ Addition  
1.2 NAME Same address  
1.3 STREET ADDRESS 8108 Pond Shadow Lane only  
1.4 CITY-ST-ZIP Tampa FL 33635

2.1 TITLE Same ☒ Change ☐ Addition  
2.2 NAME Same address  
2.3 STREET ADDRESS 8108 Pond Shadow Lane only  
2.4 CITY-ST-ZIP Tampa, FL 33635

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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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.

SIGNATURE:

Martha L. Wagenbrenner

1-20-97 (813)  
882-8455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0362635

CR2E034 (9/96)