SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED 97 JUL 25 PM 3:39

| 1. Corporatio | | * P960 | 0006 | 1357 (5) | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
|---|---------------------|---------|---------------|---|-----------------|-----------------------------------|---------------|---|
| Principal Place of Business Mailing Address | | | | | | | | |
| 1617 HENDRY STREET FORT MYERS FL 33901 | | | | 1817 HENDRY STREET FORT MYERS FL 33901 | | | | DO NOT WRITE IN THIS SPACE |
| | | | | | | | | 3. Date Incorporated or Qualified 3a. Date of Last Report |
| | | | | | | 07/22/1996 | | |
| 2. Principal P | lace of Busin | ess | <u></u> | 2a. Mailing Address | | | | 65-0686/41 Applied For Not Applicable |
| 21 Sulte, Apt. | # etc | | 26 | Suite, Apt. #, etc. | | | | 65-0686/4/ Not Applicable 88.75 Additional |
| 22 | π, οιο. | | 27 | 27 | | | | 5. Certificate of Status Desired Fee Required |
| City & Stat | e | | | City & State | | | | 6. Election Campaign Financing \$5.00 May Be |
| 23 | | | | 28 | | | | Trust Fund Contribution Added to Fees |
| Zip | Zip Country | | | Zip Cour | | | | 8. This corporation owes or has paid the current year Intangible |
| 24 25 29 29 29 29 29 25 25 27 27 28 28 28 28 28 28 28 28 28 28 28 28 28 | | | | 30 | | | | Personal Property Tax due June 30. 🔀 Yes 🔲 No 10. Name and Address of New Registered Agent |
| | | | ditain uafisi | ered Agent | 8 | 1 | Name | 10. Name and Address of New Registered Agent |
| WEBB, DENNIS | | | | | | ᆚ | | |
| 1617 HENDRY STREET FORT MYERS FL 33901 | | | | | | | Street Add | ddress (P.O. Box Number is Not Acceptable) |
| PONI MIENO PE 33801 | | | | | | | | |
| [| | | | | ļ. | 4 | City | 85 Zip Code |
| | | | | | | | • | FL ~ |
| 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 little if applicable (NOTE F 12. OFFICERS AND DIRECTORS | | | | | TE Registered A | legistered Agent signature requir | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | D | OFFICER | 3 AND DINEC | DELETE | 1,1 TITLE | | | Change Addition |
| NAME WEBB, DENNIS | | | | 1.2 N | | | | 2000022522724 |
| STREET ADDRESS 1617 HENDRY STREET | | | | 1.3 | | | DDRESS | -07/30/9701045016 |
| CITY-ST-ZIP FORT MYERS FL 33901 | | | | | | | ZIP | ****165.00 ****165.00 |
| TITLE | D | | | ☐ DELETE : | | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SCARMOZZINO, JAMES | | | 2.2 N/ | | | | ' |
| STREET ADDRESS | | | | | | | DDRESS | |
| CITY-ST-ZIP | FORT MYERS FL 33901 | | | | | | - ZIP | Change Addition |
| TITLE NAME | | | | _ | | 3.1 TITLE 3.2 NAME | | Change C Addition |
| STREET ADDRESS | | | | | 3.3 STRE | | pparee | |
| CITY-ST-ZIP | | | | | 3.4. CITY | | | |
| TITLE | | | | DELETE | 4.1 TiTL6 | | Zir | Change Addition |
| NAME | | | | | 4. 2 NAN | 4E | | |
| STREET ADDRESS | | | | | 4.3 STRE | ET AI | DDRESS | |
| CiTY-ST-ZIP | | | | | 4.4 CITY | - ST- | ZIP | |
| ₹ TITLE | | | | DELETE | 5.1 TITLE | : | | Change Addition |
| NAME | NAME | | | 5.2 NAM | 5.2 NAME | | 1 / De a (NE) | |
| STREET ADDRESS | | | | • | 5 3 STRE | | i i | J. J. M. C. |
| CITY-ST-ZIP | | | | PERETE | 5.4 CITY | | ZIP | 100 |
| TITLE | | | | ☐ DELETE | 6.1 7171.6 | | | ☐ Change ☐ Addition |
| NAME CZOSEZ ADDRESS I | | | | | 6.2 NAM | | DDDCCC | |
| STREET ADDRESS | | | | | 6.3 STRE | E I Al | 1 | |

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 of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that if 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.

Webb & Scarmozzino, P.A.

DENNIS L. WEBB

JAMES M. SCARMOZZINO

July 23, 1997

Sandra B. Mortham, Secretary Of State Florida Department Of State P. O. Box 6327 Tallahassee, FL 32314

Re: Corporation Name
Date Incorporated

: WESCA, Inc. : 07/22/96

FEI Number

65-0686141

Dear Ms. Mortham:

Enclosed please find our check in the amount of \$165.00 which represents our annual report fee and corporation supplemental fee. We have not included the \$385.00 late fee because the first notification we received of these fees was received in my office on July 17, 1997. I did not receive the original request for fees which I understand was supposed to be mailed to our office in January from conversations with your office.

I am requesting that due to the above stated reasons that my firm not be charged the \$385.00 late fee. Thank you for your consideration of this matter.

Sincerely,

Dennis L. Webb

Enclosure: Form

Check

DLW/reb