

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 17, 1999 8:00 am
Secretary of State

08-17-1999 90010 004 ***150.00

DOCUMENT # **P96000063533**

1. Corporation Name
WADE RECOVERY, INC.

Principal Place of Business
1320 NORTH SEMORAN BLVD.
SUITE 107
ORLANDO FL 32807

Mailing Address
1320 NORTH SEMORAN BLVD.
SUITE 107
ORLANDO FL 32807

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/29/1996

4. FEI Number

59-3395639

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 owes the current year
Intangible Personal Property.

☐ Yes ☐ No

2. Principal Place of Business

21 **305 Sandpiper Drive**

2a. Mailing Address

26 **P.O. Box 300746**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 **Casselberry, FL**

27 City & State

28 **Leern Park, FL**

24 Zip

25 **32707**

Country

26 **USA**

29 Zip

30 **32730**

Country

31 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, NEIL J JR.
1320 NORTH SEMORAN BLVD.
SUITE 107
ORLANDO FL 32807

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1509, 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

8-12-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **MILLER, NEIL J JR.**
STREET ADDRESS **1320 N SEMORAN BLVD., #107**
CITY-ST-ZIP **ORLANDO FL 32807**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

P96000063533
606671-90010-4

STATE OF FLORIDA }
COUNTY OF SEMINOLE } SS:

Affidavit of Neil J. Miller, Jr.

I, Neil J. Miller, Jr., declare under penalty of perjury that the following statements are true and correct:

1. I am the President of Wade Recovery, Inc., whose physical mailing address is 305 Sandpiper Drive, Casselberry, Florida 32707.

2. That on April 13, 1999, I mailed by United States mail, first class, postage prepaid, the fully executed 1999 Profit Corporate Annual Report. Document No. P96000063533.

3. That enclosed with the annual report was a business check of Wade Recovery, Inc., in the amount of \$150.00. The check was numbered 2104. This check was made payable to Florida Department of State for the 1999 Corporate filing fee.

4. That the 1999 Corporate Annual Report included a Change of Address for 305 Sandpiper Drive, Casselberry, Florida 32707. The mailing address is Post Office Box 300746, Fern Park Florida 32730-0746.

5. That a review of the bank statements by a Colonial Bank representative reflects that this check has never been negotiated for payment by the Florida Department of State.

6. A "Stop Payment" has been issued on this check.

7. That enclosed and/or attached to this Affidavit is a re-executed 1999 for Profit Corporate Annual Report for Wade Recovery, Inc.