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Apr 04 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 # P96000097156 (9)

1. Corporation Name

WOLFLEY ENTERPRISES INC.



Principal Place of Business

25 VENETIAN WAY
SUGARLOAF KEY FL 33042

Mailing Address

P.O. BOX 88
SUGARLOAF SHORES FL 33044

3. Date Incorporated or Qualified

11/25/1996

3a. Date of Last Report

2. Principal Place of Business

21 133 PEARY COURT RD.

Suite, Apt #, etc.

22 SUITE C

City & State

23 KEY WEST, FL

Zip

24 33040

Country

25 U.S.A.

2a. Mailing Address

26 133 PEARY COURT RD.

Suite, Apt #, etc.

27 SUITE C

City & State

28 KEY WEST, FL

Zip

29 33040

Country

30 U.S.A.

4. FEI Number

65-0729559

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

9. Name and Address of Current Registered Agent

WOLFLEY, JOHN R
25 VENETIAN WAY
SUGARLOAF KEY FL 33042

10. Name and Address of New Registered Agent

81 Name

WOLFLEY, JOHN R.

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

133 PEARY COURT RD.

83

SUITE C

84 City

KEY WEST

FL

85 Zip Code

33040

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 JOHN R. WOLFLEY

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

(NOTE: Registered Agent signature required when taking filing)

3-26-97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PST
WOLFLEY, JOHN R
STREET ADDRESS 25 VENETIAN WAY
CITY - ST - ZIP SUGARLOAF KEY FL 33042

TITLE ☐ DELETE

NAME D
WOLFLEY, JOHN R
STREET ADDRESS 25 VENETIAN WAY
CITY - ST - ZIP SUGARLOAF KEY FL 33042

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Please change address
to the same as
above. Thank You.

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN R. WOLFLEY

3-26-97

Date

(305) 296-3049

Daytime Phone # 0012200

CR2E034 (9/96)