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Apr 18 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 # P96000101373 (4)

1. Corporation Name

WADE & ASSOCIATES, INC.

Principal Place of Business

250 N WYMORE RD
WINTER PARK FL 32789

Mailing Address

250 N WYMORE RD
WINTER PARK FL 32789-3455

2. Principal Place of Business

21 710 W. Colonial Drive #203
Suite, Apt. #, etc.

22 #203
City & State

23 Orlando Florida
Zip

24 32804 Country

25 Orange

2a. Mailing Address

26 501 N. Orlando Ave.
Suite, Apt. #, etc.

27 #313-293
City & State

28 Winter Park Florida
Zip

29 32789 Country

30 Orange

3. Date Incorporated or Qualified
12/13/1996

3a. Date of Last Report

4. FEI Number

59-3414179

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

10. Name and Address of New Registered Agent

WADE, RONNY L
250 N WYMORE RD
WINTER PARK FL 32789

81 Ronny L. Wade
82 Street Address (P.O. Box Number is Not Acceptable)
83 710 W. Colonial Drive
84 #203
City
Orlando
FL 85 Zip Code
32804

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 accountable to, the corporation.

SIGNATURE *Ronny L. Wade, President*

(NOTE: Registered Agent signature required when re-stating)

DATE 4/9/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
D	WADE, RONNY L	250 N WYMORE RD	WINTER PARK FL 32789	☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	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

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 *Ronny L. Wade*

DATE 4/9/97

CR2E034 (9/96)