## FILED 2002 Uniform Business Report (UBR) Mar 25, 2002 8:00 am Secretary of State **DOCUMENT #** P97000002175 1. Entity Name WEN CO. 03-25-2002 90170 032 \*\*\*150.00 Principal Place of Business Mailing Address 5300 SOUTH/FLORIDA AVENUE POST OFFICE BOX 5378 LAKELAND FL 33813 LAKELAND/FL 33807-5378 DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3432002 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WENDEL, JOHN F Street Address (P.O. Box Number is Not Acceptable) C/O WENDEL, CHRITTON & PARKS, CHARTERED 5300 SOUTH FLORIDA AVENUE LAKELAND FL 33813 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (9/01) ☐ Delete TITLE ☐ Addition wendel, carlene a TONN F NAME NAME STREET ADDRESS 5300 SOUTH FLORIDA AVE 300 SOUTH FLORIDA STREET ADDRES Lakeland FL 33813 CITY-ST-ZIP LAKELAND VPD TITLE ☐ Delete ... Change Addition . M. PAUL DIMBATH NAME 730 CREATIVE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ De TITLE \_ \_\_\_ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if

TOWN F. WENDEL

changed, or on an attacl

SIGNATURE: