

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000053442 (4)

1. Corporation Name

W.S.B. PROPERTIES, INC.

Principal Place of Business

~~666 344 87~~  
PORT ST. JOE FL 32456

Mailing Address

529 5TH ST.  
PORT ST. JOE FL 32456

2. Principal Place of Business

21 125 N Hwy 71

Suite, Apt. #, etc.

22 City & State

23 Wewahitchka, FL

Zip

24 32465

Country

25 USA

2a. Mailing Address

26 P. O. BOX 100

Suite, Apt. #, etc.

27 City & State

28 Wewahitchka, FL

Zip

29 32465

Country

30 USA

9. Name and Address of Current Registered Agent

GERDE, JERRY W  
239 E. 4TH ST.  
PANAMA CITY FL 32401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/16/1997

4. FEI Number

☒ 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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name WILLIAM C. SUMNER

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

83 ~~P.O. Box 592~~

84 City Wewahitchka,

FL

85 Zip Code 32465

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, as 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 in ink of registered agent and file if applicable

(Not a Registered Agent signature required when reinstating)

DATE

1-13-98

12. OFFICERS AND DIRECTORS

TITLE D  
NAME SUMNER, WILLIAM C  
STREET ADDRESS 529 5TH ST.  
CITY-ST-ZIP PORT ST. JOE FL 32456 ☐ DELETE

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE WILLIAM C. SUMNER, pres ☒ Change ☐ Addition  
1.2 NAME One Idlewood Drive  
1.3 STREET ADDRESS Wewahitchka, FL 32465  
1.4 CITY-ST-ZIP

2.1 TITLE JERALD D. GASKIN V.P., Direc ☐ Change ☒ Addition  
2.2 NAME 137 W. 5th Street  
2.3 STREET ADDRESS Wewahitchka, FL 32465  
2.4 CITY-ST-ZIP

3.1 TITLE CAROLYN M. HUSBAND Sec. ☐ Change ☒ Addition  
3.2 NAME 1010 Old Dairy Farm Rd  
3.3 STREET ADDRESS Wewahitchka, FL 32465  
3.4 CITY-ST-ZIP

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME 200002542002  
6.3 STREET ADDRESS -06/01/98--01040--024  
6.4 CITY-ST-ZIP \*\*\*150.00

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

FILED  
May 29 1998 8:00am  
Secretary of State



CR2E034 (10/97)