

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000077697 1. Corporation Name

WESCO ENTERPRISES, INC.

Principal Place of Business

Mailing Address

EGO C OND CTREET

SOO C AND STREET

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90062 049 ***150.00



DEFUNIAK SPRINGS FL 32433	DEFUNIAK SPRINGS FL 32433				DO NOT WOUT	T.U.O	00405	•	
					DO NOT WRITE	IN THIS	SPACE		
				3.	Date Incorporated or Qualifed				
					09/05/1997				
2. Principal Place of Business	2a. Mailing Address			4.	FEI Number	ングワ	57N	Applied For	
11 P.O. Box 90	26 P.O. Box 90				APPLIED FOR 59-35)) /-		Not Applicable	
Suite, Apt. #, etc. 22 633 South 2rd St	Suite, Apt. #, etc.	4 <	St	5.	Certifcate of Status Desired			75 Additional e Required	
City & State City & State	City & State 28 De Firmi AK Sp	41	FL	6.	Election Campaign Financing Trust Fund Contribution		•	.00 May Be ded to Fees	
Zip Country 1 to N 24 3 24 35 [25] WAI to N	<u> </u>	intry ام لر	How		This corporation owes the curren Personal Property Tax.		☐ Yes	□No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
COSENI MINIMANA LI		81	Name						
Green, William H 664 Baldwin Ave		82	Street Addre	ess (P	O. Box Number is Not Acceptable	e)			
DEFUNIAK SPRINGS FL 32433	•	83							
		84	City			FL	85	Zip Code	
11. Pursuant to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes, the a	bove	-named corpo	oration	n submits this statement for the pu	rpose of	changin	g its registered	

office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

agont. rai	., lanimal *****, and aboup ***** **** =,	,										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
12.	OFFICERS AND DIRECT		13.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS	IN 12						
TITLE	D :	DELETE	1.1 ΠTLE	PresideN - >		Addition						
NAME	WILKERSON, WESLEY	•	1.2 NAME	SARA COMAN P.O. BOX 90 63	der and C+							
STREET ADDRESS	598 S 2ND STREET		1.3 STREET ADDRESS	P.O. Box 90 63	3 South 2 30							
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433		1.4 CITY-ST-ZIP	DeFuniAIC Spri								
TITLE	D	DELETE	2.1 TITLE	RON Kelley		Addition						
NAME	WILKERSON, JENNIFER C		2.2 NAME	187 Clay St	, , , , , , , , , , , , , , , , , , ,							
STREET ADDRESS	598 S 2ND STREET	٠	2.3 STREET ADDRESS	DEFUNIAL SP95	; PL							
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433		2.4 CITY-ST-ZIP	Del water								
· TITLE	D'	TS DELETE	3.1 TITLE	D-	·	Addition						
NAME	WILKERSON, JESSICA L		3.2 NAME	SONNY MATE								
STREET ADDRESS	598 S 2ND STREET		3.3 STREET ADDRESS	179 South 1st S	~ ~ ·	,						
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433		3.4. CITY-ST-ZIP	DeFunial Squ	F F L 32433							
TITLE	D	DELETE	4.1 TITLE	4 (Change	Addition						
NAME	WILKERSON, MIRANDA		4.2 NAME									
STREET ADDRESS	598 2ND ST		4.3 STREET ADDRESS									
CITY-ST-ZIP	DEUNIAK SPRINGS FL 32433		4.4 CITY-ST-ZIP									
TITLE		□ DELETÉ	5.1 TITLE		☐ Change	Addition						
NAME			5.2 NAME									
STREET ADDRESS			5.3 STREET ADDRESS									
CITY-ST-ZIP			5.4 CITY-ST-ZIP									
TITLÉ		☐ DELETE	6.1 TITLE		☐ Change ☐	Addition						
NAME			6.2 NAME									
STREET ADDRESS			6.3 STREET ADDRESS			,						
CITY-ST-ZIP	, i i i i i i i i i i i i i i i i i i i		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 supplemental 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 this ten 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 anadoment with an address, with all other like empowered.

SIGNATURE

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