FILED Feb 27, 1999 8:00 am

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

PROFIT **CORPORATION**



FLORIDA DEPARTMENT OF STATE Katherine Harris

ANNUAL REPORT 1999		Secretary of State DIVISION OF CORPORATIONS		02-27-1999 90035 022 ***150.00		
DOCUMENT # P980	00019636					
WAYBRIGHT CONSTRUCTION,	INC.					
Principal Place of Business	Mailing Address					
11295 SW 186TH CIRCLE DUNNELLON FL 34432	11295 SW 186TH CIRCLE DUNNELLON FL 34432			DO NOT WRITE IN THI	S SPACE	
				3. Date Incorporated or Qualifed		
				03/02/1998		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21	26			59-3495469	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State			6. Election Campaign Financing	\$5.00 May Be	
23	28			Trust Fund Contribution	Added to Fees	
Zip Country	— — — — — — — — — — — — — — — — — — —	Country		This corporation owes the current year is Personal Property Tax.	ntangible █ves □No	
9. Name and Address of C	29 30			10. Name and Address of New Registered		
5. Name and Address of C	arrent registered Agent	81 N	lame			
WAYBRIGHT, MICHAEL		20 0		(C.C. Day Number in Not Assessable)		
11295 SW 186TH CIRCLE		82 S	Street Addre	ss (P.O. Box Number is Not Acceptable)		
DUNNELLON FL 34432		83				
		- 1 1	City	FI		
11. Pursuant to the provisions of Sections 60	7.0502 and 607.1508, Florida Statutes, the	ne above-na	amed corpo	ration submits this statement for the purpose of	of changing its registered	

registered egistered 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.

agent. rui	Translat that, and doopt me tengeness of the						
SIGNATURE	Signature, typed or printed name of registered agent and title if applica-	able. (NOTE: R	egistered Agent signature requir	red when reinstating)	DATE		
12.	OFFICERS AND DIRECTOR	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	D	DELETE	1.1 TITLE		☐ Change	Addition	
NAME	WAYBRIGHT, MICHAEL		1.2 NAME				
STREET ADDRESS	11295 SW 186TH CIRCLE		1.3 STREET ADDRESS				
CITY-ST-ZIP	DUNNELLON FL 34432	_	1.4 CITY-ST-ZIP				
TITLE	D	DELETE	2.1 TITLE		☐ Change	☐ Addition	
NAME	MAIER, DARRYL E		2.2 NAME				
STREET ADDRESS	5878 W WOODHILL COURT		2.3 STREET ADDRESS	•			
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	_	2. 4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE		☐ Change	☐ Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP	·		3.4. CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		
TITLE	···	DELETE	4.1 TITLE		☐ Change	☐ Addition	
NAME			4. 2 NAME	·			
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE	•	☐ Change	☐ Addition	
NAME			52 NAME	·	v .		
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 C/TY-ST-Z/P			. C	

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 with all other like empowered.

SIGNATURE: