

ANNUAL REPORT

DOCUMENT # P99000026671

1. Entity Name
WESCON FIRST, INC.FILED
Jan 24, 2008 08:00 A
Secretary of StatePrincipal Place of Business
6100 103RD STREET
JACKSONVILLE, FL 32244Mailing Address
6100 103RD STREET
JACKSONVILLE, FL 32244

01182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE4. FEI Number
59-3571884Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KICKLIGHTER, CLAYTON J
2556 HOLLY POINT ROAD EAST
ORANGE PARK, FL 32073**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KICKLIGHTER, CLAYTON J
STREET ADDRESS 2556 HOLLY POINT ROAD EAST
CITY-ST-ZIP ORANGE PARK, FL 32073TITLE VD
NAME KICKLIGHTER, PAXTON L
STREET ADDRESS 5422 SELTON AVE.
CITY-ST-ZIP JACKSONVILLE, FL 32277TITLE D
NAME KICKLIGHTER, HARRIET J
STREET ADDRESS 2556 HOLLY POINT ROAD EAST
CITY-ST-ZIP ORANGE PARK, FL 32073TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP000000792979
01/24/08-80031-011 150.00**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Clayton Kicklighter, C.J. Kicklighter, 1-18-08 (904) 777-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #