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Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90235 002 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S26903

1. Corporation Name

WS INVESTMENTS, INC.

Principal Place of Business

P.O. BOX 5147
CLEARWATER FL 34618

Mailing Address

P.O. BOX 5147
CLEARWATER FL 34618

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/23/1991

4. FEI Number

59-3046611

Applied For

Not Applicable

5. Certificate of Status Desired ☐

-\$8.75 Additional
Fees Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax: ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 33758 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 33758 30

9. Name and Address of Current Registered Agent

LECHNER, BERNARD J
1243 LAKEVIEW ROAD
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
2115 Range Road

83

84 City **Clearwater**

FL

85 Zip Code
33765

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, or 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

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

Bernard J. Lechner

(NOTE: Registered Agent signature required when reinstating)

DATE

1-4-99

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **WIGHTMAN, W S JR.**
STREET ADDRESS **1402 DELLWOOD ROAD**
CITY-ST-ZIP **WAYNESVILLE NC 28786**

TITLE **STD** ☐ DELETE
NAME **WIGHTMAN, MARYLYN**
STREET ADDRESS **1402 DELLWOOD ROAD**
CITY-ST-ZIP **WAYNESVILLE NC 28786**

TITLE **VD** ☐ DELETE
NAME **WIGHTMAN, W S**
STREET ADDRESS **386 LAGUNE AVENUE**
CITY-ST-ZIP **KEY LARGO FL 33037**

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
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
6.3 STREET ADDRESS
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-10-99 305-451-0595

CR2E034 (11/98)