

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S40514** (9)

1. Corporation Name

**WAYDOWN, INC.**



Principal Place of Business

**10925 NORTHWEST 12TH PLACE  
GAINESVILLE FL 32606**

Mailing Address

**10925 NORTHWEST 12TH PLACE  
GAINESVILLE FL 32606**

3. Date Incorporated or Qualified **03/26/1991** 3a. Date of Last Report **04/12/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

**59-3069838**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**CANNON, MATT D  
10925 NW 12TH PLACE  
GAINESVILLE FL 32606**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> DELETE	<b>D</b>	<b>CANNON, MATT D</b>	<b>10925 NW 12TH PLACE GAINESVILLE FL</b>
<input type="checkbox"/> DELETE	<b>D</b>	<b>DUGGER, EDWARD L</b>	<b>1615 NW 57TH ST GAINESVILLE FL</b>
<input type="checkbox"/> DELETE	<b>D</b>	<b>ANDERSON, JAMES N III</b>	<b>P O BOX 973 N/A MELROSE FL</b>
<input type="checkbox"/> DELETE	<b>D</b>	<b>LEWIS, JAMES</b>	<b>P O BOX 232 N/A ALACHUA FL</b>
<input type="checkbox"/> DELETE	<b>D</b>	<b>ALEXANDER, TOM</b>	<b>701 FISK STREET #100 JACKSONVILLE FL</b>
<input type="checkbox"/> DELETE			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/26/96**

**352-332-1559**

CR2E034 (12/95)