

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90001 023 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S40514

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
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3. Date Incorporated or Qualified
03/26/1991

2. Principal Place of Business 21 3720 NW 43rd ST Suite, Apt. #, etc.	2a. Mailing Address 26
22 Suite # 100 City & State	27
23 Gainesville, FL Zip Country	28
24 32606	29
25	30

4. FEI Number 59-3069838	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Edward L. Dugger
82 Street Address (P.O. Box Number is Not Acceptable) 5720 NW 43rd ST
83 Suite # 100
84 City Gainesville
85 Zip Code FL 32606

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 *[Signature]* DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CANNON, MATT D	P & D	1.2 NAME	
STREET ADDRESS 10925 NW 12TH PLACE		1.3 STREET ADDRESS	
CITY-ST-ZIP GAINESVILLE FL		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DUGGER, EDWARD L		2.2 NAME	
STREET ADDRESS 1615 NW 5TH ST		2.3 STREET ADDRESS 5720 NW 43rd ST Suite 100	
CITY-ST-ZIP GAINESVILLE FL		2.4 CITY-ST-ZIP Gainesville, FL 32606	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALEXANDER, TOM		3.2 NAME	
STREET ADDRESS 701 FISK STREET #100		3.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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]* DATE **1-8-99** Daytime Phone #

CR2E034 (1/98)