

DOCUMENT # S79867

1. Entity Name
WIG PROPERTIES, INC.

Principal Place of Business
2239 EAST SR 200
YULEE FL 32097

Mailing Address
P.O. BOX 1436
YULEE FL 32041

2. Principal Place of Business
26 ST. PETER BLVD.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
YULEE FL

City & State

Zip
32097

Country
FLORIDA

Zip

Country

6. Name and Address of Current Registered Agent
GUESS, WILLIAM ION
2239 EAST SR 200
YULEE FL 32097

Name
Street Address
City

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY- ST- ZIP
D GUESS, WILLIAM ION 1484 LOGAN RD YULEE FL 32097
[Delete]
[Delete]
[Delete]
[Delete]
[Delete]
[Delete]

12.
TITLE NAME STREET ADDRESS CITY- ST- ZIP
[Delete]
[Delete]
[Delete]
[Delete]
[Delete]
[Delete]

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.1 of the Florida Statutes, and that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 of the Florida Statutes, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William I. Guess, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-24-2000 90002 005 ***550.00



DO NOT WRITE IN THIS SPACE

City & State YULEE FL		City & State		4. FEI Number 59-3083618		Applied For <input type="checkbox"/> Not Applicable			
Zip 32097		Country MASSACHUSETTS		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
GUESS, WILLIAM ION 2239 EAST SR 200 YULEE FL 32097				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City FL Zip Code					
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.									
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>									
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>				FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State				10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUESS, WILLIAM ION 1484 LOGAN RD YULEE FL 32097 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE: William I. Guess				8-22-00 904 225 2696 <small>Date Daytime Phone #</small>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR									