

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 # **V00987** (0)

1. Corporation Name

WEE BEE ENTERPRISES, INCORPORATED



Principal Place of Business

Mailing Address

**ROUTE 4 BOX 334A
QUINCY FL 32352**

**ROUTE 4 BOX 334A
QUINCY FL 32352**

2. Principal Place of Business

2a. Mailing Address

21 **1433 MARKET ST.**

26 **2969 ST. STEVENS DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Tallahassee, FL.**

28 **Tallahassee, FL.**

Zip Country

Zip Country

24 **32312**

25 **LEON**

29 **32312**

30 **LEON**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/18/1991

3a. Date of Last Report

02/01/1995

4. FEI Number

59-3101513

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

10. Name and Address of New Registered Agent

**WILKINSON, JANE
ROUTE 4 BOX 334A
QUINCY FL 32352**

81 Name

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

2969 ST. STEVENS DR.

83

84 City **Tallahassee**

FL

85 Zip Code
32312

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0506, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and date of signature

(NOTE: Registered Agent must be a resident of the State of Florida)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P WILKINSON, JANE**
STREET ADDRESS **ROUTE 4 BOX 334A**
CITY-ST-ZIP **QUINCY FL**

TITLE ☐ DELETE
NAME **VP WILKINSON, BRUCE**
STREET ADDRESS **ROUTE 4 BOX 334A**
CITY-ST-ZIP **QUINCY FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **2969 ST. STEVENS DR.**
1.4 CITY-ST-ZIP **Tallahassee, FL. 32312**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **2969 ST. STEVENS DR.**
2.4 CITY-ST-ZIP **Tallahassee, FL. 32312**

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 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:

Jane Wilkinson JANE WILKINSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 904-893-8797
DATE OF SIGNATURE TELEPHONE NUMBER

CR2E034 (12/95)