

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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AND
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1997 APR 29 PM 2: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **V00987**
1. Corporation Name
WEE BEE ENTERPRISES, Inc.

Principal Place of Business Mailing Address
1433 MARKET STREET (SAME)
TALLAHASSEE, FL. 32312 US

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| 2. Principal Place of Business 21 TALLAHASSEE, FL State, Apt. #, etc. 22 City & State TALLAHASSEE FL 32312 23 City & State TALLAHASSEE FL 32312 24 City & State TALLAHASSEE FL 32312 | 2a. Mailing Address 26 1433 MARKET ST. Suite, Apt. #, etc. 27 City & State TALLAHASSEE FL 32312 28 City & State TALLAHASSEE FL 32312 29 City & State TALLAHASSEE FL 32312 | 3. Date Incorporated or Qualified 12/18/91 3a. Date of Last Report 5/1/94 4. FEI Number 59-3101513 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
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| 9. Name and Address of Current Registered Agent JANE WILKINSON 1433 MARKET ST. TALLAHASSEE FL 32312 | 10. Name and Address of New Registered Agent JANE WILKINSON 1433 MARKET ST. TALLAHASSEE FL 32312 |
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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: **Jane Wilkinson** DATE: **4/30/97**
(NOTE: Registered Agent signature required when re-instating)

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| 12. OFFICERS AND DIRECTORS 1.1 TITLE PRESIDENT 1.2 NAME JANE WILKINSON 1.3 STREET ADDRESS 2949 ST. STEPHENS DR. 1.4 CITY-ST-ZIP TALLAHASSEE, FL. 32312 2.1 TITLE V. PRES. 2.2 NAME BRUCE WILKINSON 2.3 STREET ADDRESS 2949 ST. STEPHENS DR. 2.4 CITY-ST-ZIP TALLAHASSEE, FL. 32312 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 200002162602--1 1.2 NAME -05/01/97--01126--003 1.3 STREET ADDRESS ****165.00 ****165.00 1.4 CITY-ST-ZIP ****165.00 ****165.00 |
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14. I do 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 included 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** DATE: **4/30/97** DAYTIME PHONE: **904-894-9460**
(NOTE: Registered Agent signature required when re-instating)

CR2E034 (9/96)