

DOCUMENT # V25285

W & W OF LAKE COUNTY, INC.

616 LAKE DORA DR
HWY 64 E
TAVAROS FL 32728
US

P.O. BOX 38
HWY 64 E
OAKLAND CITY IN 47660-0038

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Country

4. FEI Number **59-3112987**

Applied For ...
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILDER, DONALD K.
616 LAKE DORA DR.
TAVARES FL 32778

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P D	<input type="checkbox"/> Delete
NAME	WILDER, DONALD K.	
STREET ADDRESS	616 LAKE DORA DR.	
CITY - ST - ZIP	TAVARES FL	

TITLE	S D	<input type="checkbox"/> Delete
NAME	WILDER, MARY ANN	
STREET ADDRESS	616 LAKE DORA DR.	
CITY-ST-ZIP	TAVARES FL	

TITLE	V D	<input type="checkbox"/> Delete
NAME	WILDER, RICHARD L.	
STREET ADDRESS	224 BFW BLVD.	
CITY - ST - ZIP	BOONVILLE IN	

TITLE	T D	<input type="checkbox"/> Delete
NAME	WILDER, MELINDA L.	
STREET ADDRESS	224 BFW BLVD.	
CITY - ST - ZIP	BOONVILLE IN	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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NAME _____
STREET ADDRESS _____
CITY - ST - ZIP _____

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____