

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J91950

Entity Name: WFR LIMITED, INC.**Current Principal Place of Business:**7563 PHILIPS HWY
BLDG 300, SUITE 306
JACKSONVILLE, FL 32256**Current Mailing Address:**7563 PHILIPS HWY
BLDG 300, SUITE 306
JACKSONVILLE, FL 32256 US**FEI Number:** 59-2906849**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FULLERTON, ROBERT C.
7563 PHILIPS HWY
BLDG 300, SUITE 306
JACKSONVILLE, FL 32256 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DVT
Name	FULLERTON, ROBERT C.
Address	7563 PHILIPS HWY BLDG 300, SUITE 306
City-State-Zip:	JACKSONVILLE FL 32256

Title	PD
Name	REIN, WILLIAM F.
Address	7563 PHILIPS HWY BLDG 300, SUITE 306
City-State-Zip:	JACKSONVILLE FL 32256

Title	VS
Name	SMITH, MARCIE R
Address	7563 PHILIPS HWY BLDG 300, SUITE 306
City-State-Zip:	JACKSONVILLE FL 32256

Title	AS
Name	FULLERTON, ROBERT C
Address	7563 PHILIPS HWY BLDG 300, SUITE 306
City-State-Zip:	JACKSONVILLE FL 32256

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT C FULLERTON**VICE-PRESIDENT****03/07/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date