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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mayhew
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 21 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K03132

(3)

1. Corporation Name

W. M. DEVELOPMENT COMPANY

Principal Place of Business

C/O MICHAEL D. HOLLIDAY
9009 THIRD AVE
STONE HARBOR NJ 08247

Mailing Address

C/O MICHAEL D. HOLLIDAY
9009 THIRD AVE
STONE HARBOR NJ 08247

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/18/1987

3a. Date of Last Report

04/22/1994

4. FEI Number

22-2870547

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLLIDAY, MICHAEL D.
1801 SARNO ROAD, SUITE #1
MELBOURNE FL 32935

81 Name

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

83

84 City

FL

85

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPS
NAME MEHAN, WILMA F.
STREET ADDRESS 9009 THIRD AVE.
CITY- ST- ZIP STONE HARBOR NJ

TITLE DV
NAME MEHAN, JOHN J.
STREET ADDRESS 9009 THIRD AVE.
CITY- ST- ZIP STONE HARBOR NJ

TITLE D
NAME MEHAN III, JOHN J.
STREET ADDRESS 9009 THIRD AVE.
CITY- ST- ZIP STONE HARBOR NJ

TITLE D
NAME MEHAN, BRIAN W.
STREET ADDRESS 9009 THIRD AVE.
CITY- ST- ZIP STONE HARBOR NJ

TITLE D
NAME MEHAN, MICHAEL K.
STREET ADDRESS 9009 THIRD AVE.
CITY- ST- ZIP STONE HARBOR NJ

TITLE T
NAME MEHAN, WILMA F.
STREET ADDRESS 9009 THIRD AVE.
CITY- ST- ZIP STONE HARBOR NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

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 110.07(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 a new filing) with an address.

SIGNATURE:

Wilma F. Mehan

Wilma F. Mehan

3-14-95

609-967-7873

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number