FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:16

DOCUMENT # **271944** **(1)**

1. Corporation Name
WIMER-STUBBS ASSOCIATES INC

Principal Place of Business	Mailing Address
P O BOX 1000 213 SOUTH SPRING GARDEN AVE. DELAND FL 32721	1015 N. FLORIDA AVENUE 213 SOUTH SPRING GARDEN AVE. DELAND FL 32720 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/17/1963**
3a. Date of Last Report: **04/26/1994**

2. Principal Place of Business	2a. Mailing Address
21 C/O S. J. STUBBS	26 C/O S. J. STUBBS
Suite, Apt. #, etc. 22 1015 N. FLA. AVE	Suite, Apt. #, etc. 27 1015 N. FLA. AVE
City & State 23 DELAND, FL	City & State 28 DELAND, FL
Zip 24 32720 County 25 VOLUSIA	Zip 29 32720 County 30 VOLUSIA

4. FEI Number: **59-1011317** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WIMER,JOHN M KICKLIGHTER RD LAKE HELEN FL	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 _____ DATE
Signature, type or print name of registered agent and date of signature. (NOTE: Registered Agent signature required when marked)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	WIMER,JOHN M	12 NAME	
STREET ADDRESS	KICKLIGHTER RD.	13 STREET ADDRESS	
CITY ST ZIP	LAKE HELEN FL	14 CITY ST ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	STUBBS,SIDNEY	22 NAME	
STREET ADDRESS	1015 NORTH FLORIDA AVE	23 STREET ADDRESS	
CITY ST ZIP	DELAND FL	24 CITY ST ZIP	
TITLE	TDV	31 TITLE	☐ Change ☐ Addition
NAME	STUBBS,SIDNEY	32 NAME	
STREET ADDRESS	1015 NORTH FLORIDA AVE	33 STREET ADDRESS	
CITY ST ZIP	DELAND FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(i), 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 any attachment with an address.

SIGNATURE: S. J. Stubbs S. J. STUBBS EXEC V.P. 4/13/95 904/734-1634
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0000000 CP