

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

001408

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90112 019 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 271944**

1. Corporation Name  
**WIMER-STUBBS ASSOCIATES INC**



Principal Place of Business C/O JOHN WIMER P O BOX 248 LAKE HELEN FL 32720 US	Mailing Address C/O S J STUBBS 414 RIDGECREST RD LAGRANGE GA 30240 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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3. Date Incorporated or Qualified <b>07/17/1963</b>	4. FEI Number <b>59-1011317</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>WIMER,JOHN M KICKLIGHTER RD LAKE HELEN FL</b>
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10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	<b>WIMER,JOHN M</b>
STREET ADDRESS	<b>KICKLIGHTER RD.</b>
CITY-ST-ZIP	<b>LAKE HELEN FL</b>
TITLE	SD <input type="checkbox"/> DELETE
NAME	<b>STUBBS,SIDNEY</b>
STREET ADDRESS	<b>1015 NORTH FLORIDA AVE</b>
CITY-ST-ZIP	<b>DELAND FL</b>
TITLE	TDV <input type="checkbox"/> DELETE
NAME	<b>STUBBS,SIDNEY</b>
STREET ADDRESS	<b>1015 NORTH FLORIDA AVE</b>
CITY-ST-ZIP	<b>DELAND FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	
2.3 STREET ADDRESS	<b>414 RIDGECREST RD</b>
2.4 CITY-ST-ZIP	<b>LAGRANGE, GA 30240</b>
3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	
3.3 STREET ADDRESS	<b>414 RIDGECREST RD</b>
3.4 CITY-ST-ZIP	<b>LAGRANGE, GA 30240</b>
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/9/99** **706/884-9702**

CR2E034 (11/98)