

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 452871 (7)

1. Corporation Name
WANM, INC.



Principal Place of Business: 300 W TENNESSEE ST, POB 1874, TALLAHASSEE FL 32302
Mailing Address: 300 W TENNESSEE ST, POB 1874, TALLAHASSEE FL 32302

3. Date Incorporated or Qualified: 05/10/1974
3a. Date of Last Report: 03/03/1995
4. FEI Number: 59-1537245
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

2. Principal Place of Business: 1310 Paul Russell Rd., Tallahassee, FL 32301
2a. Mailing Address: P.O. Box 14369, Tallahassee, FL 32317
25. USA
29. 32317
30. USA

9. Name and Address of Current Registered Agent

PENNINGTON JR., CARL R.
ROUTE 3 BOX 474
TALLAHASSEE FL

NEW ADDRESS ONLY →

10. Name and Address of New Registered Agent

81 Name: Pennington Jr., Carl R.
82 Street Address (P.O. Box Number is Not Acceptable): 215 South Monroe Street
83 City: 2nd Floor
84 City: Tallahassee, FL 85 Zip Code: 32301

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIMM, BRUCE B.	12 NAME	
STREET ADDRESS	300 W. TENNESSEE ST.	13 STREET ADDRESS	3370 Capital Circle, NE Suite I
CITY- ST- ZIP	TALLAHASSEE FL	14 CITY- ST- ZIP	Tallahassee, FL 32308
TITLE	STD	2 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIMM, JAN BETH	22 NAME	
STREET ADDRESS	300 W. TENNESSEE ST.	23 STREET ADDRESS	3370 Capital Circle, NE Suite I
CITY- ST- ZIP	TALLAHASSEE FL	24 CITY- ST- ZIP	Tallahassee, FL 32308
TITLE		3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY- ST- ZIP		34 CITY- ST- ZIP	
TITLE		4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY- ST- ZIP		44 CITY- ST- ZIP	
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY- ST- ZIP		54 CITY- ST- ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 an attachment with an address.

SIGNATURE: *Bruce B. Timm* Bruce B. Timm, President 1-26-96 904-385-8818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)