

**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 # 594196 (8)**  
1. Corporation Name  
**W.S. PLUMER, INC.**



Principal Place of Business  
**101- BRIDGE ROAD  
P.O. BOX 3781  
TEQUESTA FL 33469**

Mailing Address  
**101- BRIDGE ROAD  
P.O. BOX 3781  
TEQUESTA FL 33469**

**2.** Principal Place of Business  
**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip  
**24** Country  
**25**

**2a.** Mailing Address  
**26** Suite, Apt. #, etc.  
**27** City & State  
**28** Zip  
**29** Country  
**30**

**3.** Date Incorporated or Qualified **11/27/1978** **3a.** Date of Last Report **05/23/1995**

**4.** FEIN Number **59-1889458** 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

**10. Name and Address of New Registered Agent**

**9. Name and Address of Current Registered Agent**

**PLUMER, W S  
SANDPOINTE BAY DRIVE N APT 401  
TEQUESTA FL 33469**

**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 (if not applicable)

Signature typed or printed name of registered agent (if not applicable)

DATE

| 12. OFFICERS AND DIRECTORS |                                                                | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|----------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | PD<br>PLUMER, W S<br>SANDPOINTE BAY DR N #401<br>TEQUESTA FL   | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | VD<br>PLUMER, DONNA<br>SANDPOINTE BAY DR N #401<br>TEQUESTA FL | 1.2 NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             | D<br>TAYLOR, JANN P<br>SANDPOINTE BAY DR N #401<br>TEQUESTA FL | 1.3 STREET ADDRESS                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY - ST - ZIP            |                                                                | 1.4 CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      |                                                                | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                | 2.2 NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                                                                | 2.3 STREET ADDRESS                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY - ST - ZIP            |                                                                | 2.4 CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      |                                                                | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                | 3.2 NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                                                                | 3.3 STREET ADDRESS                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY - ST - ZIP            |                                                                | 3.4 CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      |                                                                | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                | 4.2 NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                                                                | 4.3 STREET ADDRESS                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY - ST - ZIP            |                                                                | 4.4 CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      |                                                                | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                | 5.2 NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                                                                | 5.3 STREET ADDRESS                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY - ST - ZIP            |                                                                | 5.4 CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      |                                                                | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                | 6.2 NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                                                                | 6.3 STREET ADDRESS                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY - ST - ZIP            |                                                                | 6.4 CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

**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:** *William S Plumer* **WILLIAM S PLUMER PD**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**567-746 5093**  
Contact Information

CR2E034 (12/95)