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

APPROVED AND FILED

95 MAR -2 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 606003 (2)

1. Corporation Name

WDM OF NAPLES, INC.

Principal Place of Business

2880 GULF SHORE BLVD., NORTH
#504
NAPLES FL 33940
US

Mailing Address

C/O PORTER, WRIGHT, MORRIS & ARTHUR
4501 TAMIAMI TRAIL NORTH, #400
NAPLES FL 33940
US

DO NOT WRITE IN THIS SPACE.

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: 01/03/1979
3a. Date of Last Report: 06/23/1994
4. FEI Number: 59-1880939 ☐ 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

WILSON, GARY K.
4501 TAMIAMI TRAIL NORTH
SUITE 400
NAPLES FL 33940

10. Name and Address of New Registered Agent
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	P
NAME	SCHAAF, GEORGE W.
STREET ADDRESS	2997 W. BRAOAD ST.
CITY-ST-ZIP	COLUMBUS OH
TITLE	VD
NAME	SCHAAF, EUGENE E.
STREET ADDRESS	325 CHARLEMAGNE BL 202C
CITY-ST-ZIP	NAPLES FL
TITLE	ST
NAME	DONNELL, TED
STREET ADDRESS	2880 GULF SHORE N BL 504
CITY-ST-ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	☐ Change ☐ Addition
1.2 NAME	SCHAAF, GEORGE W.	
1.3 STREET ADDRESS	2997 W. BROAD ST.	
1.4 CITY-ST-ZIP	~~COLUMBUS, OH~~	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	P/S/T	☐ Change ☐ Addition
3.2 NAME	DONNELL, TED	
3.3 STREET ADDRESS	2880 GULF SHORE BLVD. N., #504	
3.4 CITY-ST-ZIP	~~NAPLES, FL~~	
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 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: Ted Donnell 2/15/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0326883 CP