


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

FILED

Jan 31 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 652575 (2)

1. Corporation Name

W B M, INC.

Principal Place of Business

1290 S ORANGE AVE  
PO BOX 1564  
BARTOW FL 33830

Mailing Address

1290 S ORANGE AVE  
PO BOX 1564  
BARTOW FL 33830-6521

3. Date Incorporated or Qualified  
01/17/1980

3a. Date of Last Report  
03/19/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-1968032

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

MITCHELL, W B (Deceased)  
1290 S ORANGE AVENUE  
BARTOW, FLORIDA  
33830

10. Name and Address of New Registered Agent

81 Name

Robert R. Crittenden

82 Street Address (P.O. Box Number is Not Acceptable)

103 Avenue A, N.W.

83

84 City

Winter Haven,

FL

85 Zip Code

33881

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

ROBERT R. CRITTENDEN

1-33-97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MITCHELL, W B (Deceased)	
STREET ADDRESS	1290 S ORANGE	
CITY-ST-ZIP	BARTOW, FL 00000	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BIRGE, DOROTHY R	
STREET ADDRESS	160 W HOOKER	
CITY-ST-ZIP	BARTOW, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BLOUNT, WALKER E. JR.	
STREET ADDRESS	1105 BOUGAINVILLEA WAY E.	
CITY-ST-ZIP	BARTOW FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	VP D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Roy Dan Mitchell
4.3 STREET ADDRESS	7755 Star Lake Drive
4.4 CITY-ST-ZIP	Bartow, FL 33830 <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 do 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.

SIGNATURE:

WALKER E. BLOUNT, JR., PRESIDENT

01/21/97 (941) 533-7191

Date

Daytime Phone #

0369473

CR2E034 (9/96)