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Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90130 049 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 652575

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~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 7755 Star Lake Drive

Suite, Apt. #, etc.

22 City & State

23 Bartow, FL

24 Zip Country

33830 25 USA

2a. Mailing Address

26 PO Box 1564

Suite, Apt. #, etc.

27 City & State

28 Bartow, FL

29 Zip Country

33831 30 USA

3. Date Incorporated or Qualified

01/17/1980

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 owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CRITTENDEN, ROBERT R.
103 AVE. A, N.W.
BARTOW, FLORIDA
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

81 Name
Roy Dan Mitchell

82 Street Address (P.O. Box Number is Not Acceptable)
7755 Star Lake Drive

83

84 City State Zip Code
Bartow, FL 33830

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

Roy D. Mitchell President

(NOTE: Registered Agent signature required when reinstating)

DATE

3-9-99

12. OFFICERS AND DIRECTORS

TITLE STD ☒ DELETE
NAME BIRGE, DOROTHY R
STREET ADDRESS 160 W HOOKER
CITY-ST-ZIP BARTOW, FL 00000

TITLE PD ☒ DELETE
NAME BLOUNT, WALKER E. JR.
STREET ADDRESS 1105 BOUGAINVILLEA WAY E.
CITY-ST-ZIP BARTOW FL

TITLE VPD ☐ DELETE
NAME MITCHELL, ROY DAN
STREET ADDRESS 7755 STAR LAKE DRIVE
CITY-ST-ZIP BARTOW FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 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:

Roy D. Mitchell TREAS.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/9/99 941-533-7191

CR2E034 (11/98)