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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 12:05

DOCUMENT # F13336 (5)

1. Corporation Name
WILLMANN & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
2550 PEPPERWOOD CRICLE. N. PALM BEACH GA 33410 US	2550 PEPPERWOOD CIRCLE. N. PALM BEACH GA 33410 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/31/1980
3a. Date of Last Report: 01/19/1994

2. Principal Place of Business
21: 71 BLUE ISLAND STREET
22: Suite, Apt. #, etc.
23: City & State: SEBASTIAN, FL
24: Zip: 32958 25: Country

2a. Mailing Address
26: 71 BLUE ISLAND STREET
27: Suite, Apt. #, etc.
28: City & State: SEBASTIAN, FL
29: Zip: 32958 30: Country

4. FEI Number: 59-2055446 ☐ 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

WILLMANN, JAMES B
2550 PEPPERWOOD CIRCLE NORTH
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 71 BLUE ISLAND STREET
83
84 City: SEBASTIAN FL 85 Zip Code: 32958

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	☒ Change ☐ Addition
NAME	WILLMANN, JAMES B	1.2 NAME	
STREET ADDRESS	2550 PEPPERWOOD CIRCLE, N	1.3 STREET ADDRESS	71 BLUE ISLAND STREET
CITY-ST-ZIP	PALM BEACH FL	1.4 CITY-ST-ZIP	SEBASTIAN, FL. 32958
TITLE	VSD	2.1 TITLE	☒ Change ☐ Addition
NAME	WILLMANN, VIRGINIA K	2.2 NAME	
STREET ADDRESS	2550 PEPPERWOOD CIRCEL, N.	2.3 STREET ADDRESS	71 BLUE ISLAND STREET
CITY-ST-ZIP	PALM BEACH GARDENS FL	2.4 CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: _____ 1-17-95 407-589-2743
(MANDATORY: TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

0280070 CP