FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H30317

1. Corporation Name: WGM ENTERPRISES INC.

Principal Place of Business / Mailing Address:
241 HIGHWAY AVE
FT. WALTON BEACH, FL 32547

3. Date Incorporated or Qualified: 11-15-84
3a. Date of Last Report: 5-1-95

2. Principal Place of Business
21: 1210 LEXINGTON DR
22 Suite, Apt. #, etc.:
23 City & State: VENICE, FL
24 Zip: 34292
25 Country: SARASOTA

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

4. FEI Number: 59-2478041 ☐ 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

MICHAEL HOFFMAN
4210 POPLAR WAY
KISSIMMEE, FL 34746

10. Name and Address of New Registered Agent

81 Name: WILLIAM MEHSERLE
82 Street Address (P.O. Box Number is Not Acceptable): 1210 LEXINGTON DR
83
84 City: VENICE FL 85 Zip Code: 34292

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] DATE: 4/25/96

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	D/P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HOFFMAN, MICHAEL	1.2 NAME	
STREET ADDRESS	4210 POPLAR WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE, FL 34746	1.4 CITY-ST-ZIP	
TITLE	D/S/T ☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	KILLINGSWORTH, GREGORY	2.2 NAME	
STREET ADDRESS	241 HIGHWAY AVE	2.3 STREET ADDRESS	1223 TWIN BAY LANE
CITY-ST-ZIP	FT WALTON BCH, FL 32547	2.4 CITY-ST-ZIP	FT WALTON BCH, FL 32547
TITLE	D/V ☐ DELETE	3.1 TITLE	☑ Change ☐ Addition
NAME	MEHSERLE, WILLIAM	3.2 NAME	
STREET ADDRESS	545 GRAHAM RD	3.3 STREET ADDRESS	1210 LEXINGTON DR
CITY-ST-ZIP	FT SAM HOUSTON, TX 78234	3.4 CITY-ST-ZIP	VENICE, FL 34292
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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***200.00

5-1-96

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: [signature] 4/25/96 (941) 488-0151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)