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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **J25461**

1. Corporation Name

W.M.M. III ENGINEERING, INC.

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90143 026 ***150.00



	,							
Principal Place of Business Mailing Address					\$ 100 HILD BILL (100 COLLIN DIBLE	#16#1 16#1 #6#16 #11	7\$) BIBIT BIBIT BI	MII 81811 1881
6934 BOTTLE BRUSH DR MIAMI LAKES FL 33014		6934 BOTTLE BRUSH DR MIAMI LAKES FL 33014						
US US			1		DO NOT WRITE IN THIS SPACE			
	·				3. Date Incorporated or Qualife 07/18/1986	d		
2. Principal P	face of Business	2a. Mailing Address			4. FEI Number		Apr	plied For
21 66 W	DODSIDE DRIVE	26 66 WOODSIDE	= DR	IVE	59-2751757			t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				_	5. Certificate of Status Desired		\$8.75 A	
City & State		City & State 28 PALM COAST	Fr.	USA	6. Election Campaign Financing Trust Fund Contribution	9 🗆	\$5.00 M Added to	
Zip	Country	Zip	Country		8. This corporation owes the cu	ırrent year inta	ngible	
24 32164	-7997 25	29 32164-799730			Personal Property Tax.			IZ No
- · · · · · · · · · · · · · · · · · · ·	9. Name and Address of Current I	Registered Agent			10. Name and Address of New	Registered A	gent	
иос	NE SAMELIALA SA 4H		81	Name	CAILL. WILLI	an M.	亚	
MCGILL, WILLIAM M., III				Street Addre	ess (P.Q. Box Number is Not Accep)	
6934 BOTTLE BRUSH LN				66 U	UDODSIDE DIKIV	<u> </u>		
MIAMI LAKES FL 33014			83	1				
	•	٠	84	CityPAL	m COAST	FL	85 Zip C	
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov	e-named corpo	oration submits this statement for the	o purpose of	hanging its	registered
office or n	to the provisions of Sections 607.0502 a egistered agent, or both, in the State of m familian with, and accept the options	Florida. Such change was auth	orized by	the corporatio	on's board of directors. I hereby acc	ept the appoin	tment as reg	jistered
	10 VILLE NI NE	heore Wille	Am I	$M.M^{C}$	AU II	4/12/	79	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Re	gistered Age	nt signature required		OATE (<u> </u>	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO C	FFICERS AN		
TITLE	DP	☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME	MCGILL, WILLIAM M., III							ĺ
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP	MAMIFL PACM COAST, F	4.32164-1947	1.4 CITY-5	ST-ZIP				☐ Addition
TITLE	SECRETARY - TREASURGE DELETE		2.1 TITLE				☐ Change	
NAME	SALLY I, MCGILL		2.2 NAME					
STREET ADDRESS	66 WOODSIDE DRIVE	- 44 2222	1	TADORESS				
CITY-ST-ZIP ·	PACM COAST, FL. 3	2164 - 7447	2.4 CITY-	ST-ZIP			Change	Addition
TITLE		☐ nerese	3.1 TITLE				Outenide	
NAME			3.2 NAME					ļ
STREET ADDRESS				TADDRESS				1
CITY-ST-ZIP		☐ DELETE	3.4. CITY- 4.1 TITLE	<u>51-ZIP</u>			[7] Change	Addition
TITLE		□ occere	4.7 ITLE					
NAME	* * * * * * * * * * * * * * * * * * * *							
STREET ADDRESS			4.4 CITY-5	ET ADDRESS				
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE	3:-4	·		Change	Addition
NAME		- ·	5.2 NAME					
STREET ADDRESS	,		5.3 STREE	ET ADDRESS				
CITY-ST-ZIP	1		5.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME	,		6.2 NAME					j
STREET ADDRESS			6.3 STREE	TADORESS			,	

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 opporation 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 on inged of on an attaction of the control o

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP