

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J93822 (1)

1. Corporation Name

NORMA WYMER ASSOCIATES, INC.



Principal Place of Business

W. MICHAEL J. MARCUS
817 N. KROME AVE
HOMESTEAD FL 33060

Mailing Address

W. MICHAEL J. MARCUS
317 N. KROME AVE
HOMESTEAD FL 33060

2. Principal Place of Business

21 1900 SE 52 STREET

22 OCALA, FL 34480

City & State

23 Zip

24 34480

Country

25 MARION

26. Mailing Address

26 NORMA WYMER

27 1900 SE 52 ST

City & State

28 OCALA, FL

Zip

29 34480

Country

30 MARION

3. Date Incorporated or Qualified
09/21/1987

3a. Date of Last Report
04/10/1995

4. FEI Number

65-0055596

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Bill Wymer

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

1900 SE 52 Street

83

84 City

Ocala

FL

85 Zip Code

34480

MARCUS, MICHAEL J.
817 N. KROME AVE
HOMESTEAD FL 33060

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office
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 Bill Wymer

7-15-96

Signature, typed or printed name of officer or director, or both, if different from the above

(b) (1) Registered Agent Signature required when changing

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME WYMER, NORMA
STREET ADDRESS 1900 SE 52ND ST.
CITY- ST- ZIP OCALA FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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NAME
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CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

000001906590
-07/29/96--01014--028
***200.00

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: Norma Wymer, President

7/15/96

305-672-5580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORMA WYMER

05/11/96

CR2E034 (12/95)