

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **K47198**

(2)

1. Corporation Name

WM-TAB, INC.

Principal Place of Business
**4450 S. UNIVERSITY DRIVE
DAVIE FL 33328**

Mailing Address
**4450 S. UNIVERSITY DRIVE
DAVIE FL 33328**

DO NOT WRITE IN THIS SPACE

3. Date Incorporation or Qualification 11/28/1988	3a. Date of Last Report 04/25/1994
4. FIC Number 65-0083706	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
7. Total Corporation's Estimated Total Campaign Contribution for 1993 Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	25. State, Apt. #, etc.
22. City & State	27. City & State
23. City & State	28. City & State
24. City & State	29. City & State
25. City & State	30. City & State

9. Name and Address of Current Registered Agent

**BIDNER, MARK
6262 SUNSET DRIVE
PENTHOUSE 200A
MIAMI FL 33143**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number or Post Office)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(8), 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 Sections 607.01(2) and 607.15(8), Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent's Representative)

(Signature of Registered Agent or Registered Agent's Representative)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If any)	
1. NAME D GRUMME, WILLIAM, JR.	1.1 TITLE 	1.1 NAME 	☐ Change ☐ Addition
2. STREET ADDRESS 1380 S. OCEAN DR.	2.1 STREET ADDRESS 	2.1 NAME 	☐ Change ☐ Addition
3. CITY, STATE, ZIP POMPANO BEACH FL	3.1 CITY, STATE, ZIP 	3.1 NAME 	☐ Change ☐ Addition
4. NAME 	4.1 STREET ADDRESS 	4.1 NAME 	☐ Change ☐ Addition
5. STREET ADDRESS 	5.1 CITY, STATE, ZIP 	5.1 NAME 	☐ Change ☐ Addition
6. CITY, STATE, ZIP 	6.1 STREET ADDRESS 	6.1 NAME 	☐ Change ☐ Addition
7. NAME 	7.1 CITY, STATE, ZIP 	7.1 NAME 	☐ Change ☐ Addition
8. STREET ADDRESS 	8.1 STREET ADDRESS 	8.1 NAME 	☐ Change ☐ Addition
9. CITY, STATE, ZIP 	9.1 CITY, STATE, ZIP 	9.1 NAME 	☐ Change ☐ Addition
10. NAME 	10.1 STREET ADDRESS 	10.1 NAME 	☐ Change ☐ Addition
11. STREET ADDRESS 	11.1 CITY, STATE, ZIP 	11.1 NAME 	☐ Change ☐ Addition
12. CITY, STATE, ZIP 	12.1 STREET ADDRESS 	12.1 NAME 	☐ Change ☐ Addition
13. NAME 	13.1 CITY, STATE, ZIP 	13.1 NAME 	☐ Change ☐ Addition
14. STREET ADDRESS 	14.1 STREET ADDRESS 	14.1 NAME 	☐ Change ☐ Addition
15. CITY, STATE, ZIP 	15.1 CITY, STATE, ZIP 	15.1 NAME 	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.05(1)(b), Florida Statutes. Further, I certify that the information included 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 this corporation or the receiver or liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 13 if changed, on an official ledger with an address.

SIGNATURE:

William D. Grumme
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/94

305/415-8710

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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

2000-1-14:07

WILMADORE, FLORIDA

DOCUMENT # **K47469** (7)

1. Corporation Name

B&B BATTING, CO.

Principal Place of Business

**5700 TIPPEN AVE
PENSACOLA FL 32504**

Mailing Address

**5700 TIPPEN AVE
PENSACOLA FL 32504**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/21/1988

3a. Date of Last Report

05/18/1994

4. FEI Number

59-2926248

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. # etc.

26 Suite, Apt. # etc.

22 City & State

27 City & State

24 ZIP

25 Country

29 ZIP

30 Country

9. Name and Address of Current Registered Agent

**BROXSON, DOUGLAS
5700 TIPPIN AVE
PENSACOLA FL 32504**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0802 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 607.0805, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE: **D**
NAME: **BROXSON, DOUGLAS V.**
STREET ADDRESS: **5700 TIPPEN AVENUE**
CITY, ST, ZIP: **PENSACOLA FL**

TITLE: **D**
NAME: **BROXON, MARY Y**
STREET ADDRESS: **P O BOX 9400**
CITY, ST, ZIP: **PENSACOLA FL**

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: **President** ☐ Change ☐ Addition
1.2 NAME: **Douglas Broxson**
1.3 STREET ADDRESS: **5700 TIPPIN AVE**
1.4 CITY, ST, ZIP: **PENSACOLA, FL 32504**

2.1 TITLE: **Secretary** ☐ Change ☐ Addition
2.2 NAME: **MARY Y. BROXSON**
2.3 STREET ADDRESS: **5700 TIPPIN AVE**
2.4 CITY, ST, ZIP: **PENSACOLA, FL 32504**

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:

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.03(2)(b)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and as so stated and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the person or persons 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 appears attaching with this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-95 904-452-8812