

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # M44822 (8)**

1. Corporation Name  
**W.M.C. INC.**

Principal Place of Business Mailing Address  
**C/O ROBERT H. CLEMENTS  
3557 SOUTH HWY 441  
OKEECHOBEE FL 34974**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/15/1987** 3a. Date of Last Report **04/11/1994**

2. Principal Place of Business 2a. Mailing Address  
**21** Suite, Apt. #, etc. **26** Suite, Apt. #, etc.

4. FEI Number **65-0001210** Applied For  Not Applicable

**22** City & State **27** City & State

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**23** Zip **28** Country

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

**24** Zip **25** Country **29** Zip **30** Country

8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLEMENTS, ROBERT H.  
323 SW 20 ST  
FT LAUDERDALE FL 33335**

**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 607.0502 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**  
NAME **CLEMENTS, ROBERT H.**  
STREET ADDRESS **323 SW 20TH ST**  
CITY - ST - ZIP **FT LAUDERDALE FL**

1.1 TITLE  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.2 NAME

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.3 STREET ADDRESS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.4 CITY - ST - ZIP

TITLE  
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2.1 TITLE  Change  Addition

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CITY - ST - ZIP

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3.1 TITLE  Change  Addition

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4.1 TITLE  Change  Addition

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5.1 TITLE  Change  Addition

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5.4 CITY - ST - ZIP

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CITY - ST - ZIP

6.1 TITLE  Change  Addition

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STREET ADDRESS  
CITY - ST - ZIP

6.2 NAME

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NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.3 STREET ADDRESS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.4 CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Date

Signature Please Print

*Robert H Clements Pres 4/28/95*