FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR -3 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300001448483
-04/06/95--01002--002
****200.00 ****200.00

DOCUMENT # **P02772** **(2)**

1. Corporation Name
WIMBERLY ALLISON TONG & GOO, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
2222 KALAKAUA AVENUE PENTHOUSE HONOLULU HI 96815	2222 KALAKAUA AVENUE PENTHOUSE HONOLULU HI 96815

3. Date Incorporated or Qualified: 07/20/1984
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: 99-0103772 ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0502 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, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☐ Change ☐ Addition
NAME	LAWRENCE, PATRICK J	12 NAME	
STREET ADDRESS	2222 KALAKAUA AVE., PH	13 STREET ADDRESS	
CITY ST ZIP	HONOLULU HI	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	ALLISON, GERALD L.	22 NAME	300001448483 -04/06/95--01002--003 ******8.75 ******8.75
STREET ADDRESS	2260 UNIVERSITY DRIVE	23 STREET ADDRESS	
CITY ST ZIP	NEWPORT BEACH FL	24 CITY ST ZIP	
TITLE	CD	31 TITLE	☐ Change ☐ Addition
NAME	GOO, DONALD W.Y.	32 NAME	
STREET ADDRESS	2222 KALAKAUA AVE, PH	33 STREET ADDRESS	
CITY ST ZIP	HONOLULU HI	34 CITY ST ZIP	
TITLE	VDT	41 TITLE	☐ Change ☐ Addition
NAME	CHAR, SIDNEY C. L.	42 NAME	
STREET ADDRESS	2222 KALAKAUA AVE, PH	43 STREET ADDRESS	
CITY ST ZIP	HONOLULU HI	44 CITY ST ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	FAIRWEATHER, DONALD F	52 NAME	4/3/95 MST
STREET ADDRESS	2260 UNIVERSITY DRIVE	53 STREET ADDRESS	
CITY ST ZIP	NEWPORT BEACH CA	54 CITY ST ZIP	
TITLE	VD	61 TITLE	no longer V/D ☒ Change ☐ Addition
NAME	CHUN, KEVIN N.P.	62 NAME	
STREET ADDRESS	2222 KALAKAUA AVE, PH	63 STREET ADDRESS	
CITY ST ZIP	HONOLULU HI	64 CITY ST ZIP	

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)(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 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: Sidney Allison Vice President 3/22/95 808-922-1253

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Title — Daytime Phone #

040210Z FN