

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 19 1997 8:00am  
Secretary of State

DOCUMENT # P02772 (2)

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

Principal Place of Business  
2222 KALAKAUA AVENUE  
PENTHOUSE  
HONOLULU HI 96815

Mailing Address  
2222 KALAKAUA AVENUE  
PENTHOUSE  
HONOLULU HI 96815-2524



2. Principal Place of Business  
21 700 Bishop St.  
Suite, Apt. #, etc.  
22 #1800  
City & State  
23 Honolulu, HI  
Zip  
24 96813

2a. Mailing Address  
26 700 Bishop St.  
Suite, Apt. #, etc.  
27 #1800  
City & State  
28 Honolulu, HI  
Zip  
29 96813

3. Date Incorporated or Qualified  
07/20/1984

3a. Date of Last Report  
04/29/1996

4. FEI Number  
99-0103772

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                 |                       |                                 |
|-----------------|-----------------------|---------------------------------|
| TITLE           | VD                    | <input type="checkbox"/> DELETE |
| NAME            | LAWRENCE, PATRICK J   |                                 |
| STREET ADDRESS  | 51 NEIL ROAD, #02-09  |                                 |
| CITY - ST - ZIP | SINGAPORE 08          |                                 |
| TITLE           | VD                    | <input type="checkbox"/> DELETE |
| NAME            | ALLISON, GERALD L.    |                                 |
| STREET ADDRESS  | 2260 UNIVERSITY DRIVE |                                 |
| CITY - ST - ZIP | NEWPORT BEACH FL      |                                 |
| TITLE           | CD                    | <input type="checkbox"/> DELETE |
| NAME            | GOO, DONALD W.Y.      |                                 |
| STREET ADDRESS  | 2222 KALAKAUA AVE, PH |                                 |
| CITY - ST - ZIP | HONOLULU HI           |                                 |
| TITLE           | VD                    | <input type="checkbox"/> DELETE |
| NAME            | CHAR, SIDNEY C. L.    |                                 |
| STREET ADDRESS  | 2222 KALAKAUA AVE, PH |                                 |
| CITY - ST - ZIP | HONOLULU HI           |                                 |
| TITLE           | VD                    | <input type="checkbox"/> DELETE |
| NAME            | FAIRWEATHER, DONALD F |                                 |
| STREET ADDRESS  | 2260 UNIVERSITY DRIVE |                                 |
| CITY - ST - ZIP | NEWPORT BEACH CA      |                                 |
| TITLE           |                       | <input type="checkbox"/> DELETE |
| NAME            | See attachment        |                                 |
| STREET ADDRESS  |                       |                                 |
| CITY - ST - ZIP |                       |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |  |
|---------------------|--|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME            |  |
| 1.3 STREET ADDRESS  |  |
| 1.4 CITY - ST - ZIP |  |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME            |  |
| 2.3 STREET ADDRESS  |  |
| 2.4 CITY - ST - ZIP |  |
| 3.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            | CVD  |
| 3.3 STREET ADDRESS  |  |
| 3.4 CITY - ST - ZIP |  |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |  |
| 4.3 STREET ADDRESS  |  |
| 4.4 CITY - ST - ZIP |  |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |  |
| 5.3 STREET ADDRESS  |  |
| 5.4 CITY - ST - ZIP |  |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |  |
| 6.3 STREET ADDRESS  |  |
| 6.4 CITY - ST - ZIP |  |

14. I do 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 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:

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(808) 521-8888

CR2E034 (9/96)