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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90250 050 ***150.00

DOCUMENT #	P37852
1. Corporation Name	
WILMA DEVELOPME	NT CORPORATION

William Develor William Com Cranto				<u> </u> 				
Principal Place of Business	Mailing Address							
ASC 380 1417 SADLER ROAD SUITE 250 EERNANDINA BEACH FL 32034 US MSC 380 1417 SADLER ROAD SUITE 250 FERNANDINA BEACH FL 32034 US				Date Incorporated or Qualifed	WRITE IN THIS SPACE			
					03/11/1992	<u> </u>		
2. Principal Place of Business	2a. Mailing Address			4.	FEI Number 58-1982538	-	Applied For Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5.	Certificate of Status Desired	•	75 Additional ee Required:	
City & State	City & State			6.	Election Campaign Financing Trust Fund Contribution		.00 May Be Ided to Fees	
Zip Country 24 25	Zip Country			8.	This corporation owes the current year I Personal Property Tax.	ntangible		
9. Name and Address of Current	Registered Agent	1 Agent 10.		10. Name and Address of New Registered Agent				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		81 82 83	Name Street Addre	ss (F	P.O. Box Number is Not Acceptable)			
		84	City		F		Zip Code	
 Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation 	Florida, Such change was authorize	d by th	named corpor he corporation	ratio	n submits this statement for the purpose of oard of directors. I hereby accept the app	of changi ointment	ng its registered as registered	
SIGNATURE Signature, typed or printed name of registered agent a	and title if applicable. (NOTE, Registere	d Agent	signature required	when a	reinstating) DATE			

- 5-	, ,				
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NC	OTE. Registered Agent signature in	required when reinstating) DATI	F	}
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	P DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	GRAHAM, CHARLES D	1.2 NAME			
STREET ADDRESS	MSC 380 1417 SADLER ROAD	1.3 STREET ADDRESS			Ì
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	1.4 CITY-ST-ZIP			_
TITLE	S DELETE	2.1 TITLE		Change	Addition
NAME	GRAHAM, KAREN S	2.2 NAME			ļ
STREET ADDRESS	MSC 380 1417 SADLER ROAD	2.3 STREET ADDRESS			Ì
CITY-ST-ZIP -	FARNANDINA BEACH FL 32034	2.4 CITY-ST-ZIP			
TITLE	V □ DELETE	3.1 TITLE		Change	Addition
NAME	GATINS, SUSAN J	3.2 NAME			1
STREET ADDRESS	MSC 380 1417 SADLER ROAD	3.3 STREET ADDRESS			}
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	3.4. CITY-ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME		4. 2 NAME			i
STREET ADDRESS		4.3 STREET ADDRESS			Ì
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			Ì
CITY-ST-ZIP		5.4 CITY-ST-ZIP		****	
TITLE	☐ DELETE	6.1 TITLE		Change	Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			Ì
CITY-ST-ZIP		6.4 CITY-ST-ZIP			

I 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, with all other like empowered.

GRAHAM