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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P9400006059 (7)

WMB, INC.

**DOCUMENT #** 1. Corporation Name

Principal Place of Business

Mailing Address



1742 CENTRAL AVE. 1742 CENTRAL ST. PETERSBURG FL 33712 ST. PETERSBUR								
					3. Date incorporated or 01/14/1994		3a. Date of Last R 04/07/1	ecort <b>995</b>
			503		4. FEI Number 59-3224151		Applied For Not Applicable	
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5, Certificate of Status I	Desired	11	Additional Required
City & State	ere, FL	City & State 28 Lutz, Fu	Lutz, FC		6. Election Campaign Financing Trust Fund Contribution   \$5.00 May Be Added to Fees			
24 <sup>ZIP</sup> 3371	2 25 Pineuas	29 33549	30 HIL	ushoro	8. This corporation has Florida Statutes	Yes Yes	No	199.032,
	9. Name and Address of Current	Hegistered Agent	81	Name	10. Name and Address	of New R	egistered Agent	
ARITT .I	IAMES D		61	Name				
BRITT, JAMES D 1742 CENTRAL AVE. ST. PETERSBURG FL 33712				82 Street Address (P.O. Box Number is Not Acceptable)				
SI. PEI	Enobung FL 33/12		83				1001 20	
				/				p Code
or registered	the provisions of Sections 607.0502 at d agent, or both, in the State of Florida and accept the obligations of, Section	s. Such change was authoriz	zea by the corr	named corp oration's bo	poration submits this statement pard of directors. I hereby acce	for the purp of the appo	pose of changing its r pintment as registered	egistered office agent. I am
Sig	gnature, typed or printed name of registered agent a		OTE: Registered Age	nt signature requ	ired when reinstating)		DATÉ	
12.	OFFICERS AND		13.		ADDITIONS/CHANGE			RS IN 12
TITLE	BENSON, WILLIAM H	☐ DEFELE	1 1 TITLE				Change	Addition
NAME	ONE FINANCIAL PLAZA, SUI	TE 1000	1.2 NAME	רן	BENSON, WILLIAM I	4		
STREET ADDRESS	FORT LAUDERDALE FL 3339		1.3 STREE	ADDRESS D	WE PINNING PLAT	<sub>કે</sub> મ ક્ય	1145 1605	
CHY-ST-ZIP	VP VP	· ·	1.4 CITY - 3	ST-ZIP	T. LAWOCKDINE FL	_ 333	94	
TITLE	BRITT, JAMES D	DELETE	2. 1 TITLE		president		<b>LZ</b> Change	☐ Addition
NAME	17806 RIVERDEL RD		2.2 NAME	13	BRITT, IMMES ] TROG RIVENDEC RI			
STREET ADDRESS	LUTZ FL		2.3 STREET	ADDRESS T	7906 RIVENDEC RI	<b>3</b>		
CITY-ST-ZIP	LOIZIL	<b>E</b>	2.4 CITY - S	ST-ZIP L	LITE, FL 335	<u>43</u>	• +	
TITLE		☐ DELETE	3. 1 TITLE	Ì			☐ Change	Addition
NAME			3.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP TITLE		☐ DELETE	3.4 CITY - 5 4. 1 TITLE	ST-ZIP				
NAME							☐ Change	Addition
STREET ADDRESS			4.2 NAME	ADDDEOG				
CITY - ST - ZIP			4.4 CITY-5					
TITLE		DELETE	5. 1 TITLE	51-21r			☐ Change	Addition
NAME			5.2 NAME				C Guarde	
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-S					
TITLE		DELETE	6. 1 TITLE				Change	Addition
NAME		1	6.2 NAME	1			L_r county	
STREET ADDRESS			6.3 STREET	ADDRESS				
CiTY-ST-ZiP			6.4 CITY - S					ľ
	certify that the information supplied wi	th this filing is voluntarily furn	nished and doe	s not qualify	for the exemption stated in Se	ction 119.0	7(3)(k). Florida Statut	es. 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:

JAMES D. BRITT