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FILED
Mar 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000006059 (7)

1. Corporation Name

WMB, INC.

Principal Place of Business

Mailing Address

17806 RIVENDEL RD
LUTZ FL 33549
US

P O BOX 503
LUTZ FL 33549
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/14/1994

4. FEI Number

59-3224151

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21. ~~17806 Rivendel Rd~~ 1908 E. Fletcher

Suite, Apt. #, etc.

22. Suite D

City & State

23. Tampa FL

Zip

24. 33612

Country

25. US

2a. Mailing Address

26. ~~17806 Rivendel Rd~~ 12805 Winners Circle

Suite, Apt. #, etc.

27. Suite D

City & State

28. Spring Hill FL

Zip

29. 34610

Country

30. US

9. Name and Address of Current Registered Agent

BRITT, JAMES D
1742 CENTRAL AVE.
ST. PETERSBURG FL 33712

10. Name and Address of New Registered Agent

81. Name

82. Frederic Lasday, Esq.

83. Street Address (P.O. Box Number is Not Acceptable)

16010 Amberly Dr

84. City

Tampa

FL

85. Zip Code

33647

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 Frederic Lasday, Esq.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/26/98

12. OFFICERS AND DIRECTORS

TITLE VP ☒ DELETE

NAME BENSON, WILLIAM H

STREET ADDRESS ONE FINANCIAL PLAZA, SUITE 1602

CITY-ST-ZIP FORT LAUDERDALE FL

TITLE P ☒ DELETE

NAME BRITT, JAMES D

STREET ADDRESS 17806 RIVERDEL RD

CITY-ST-ZIP LUTZ FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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.

SIGNATURE:

John D. Gorman

3-11-98

632-7073

CR2E034 (10/97)