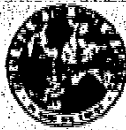


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 APR 28 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000054510 (0)

1. Corporation Name

WMN, INC.

Principal Place of Business

**135 RENNELL DRIVE
SOUTHPORT CT 06490**

Mailing Address

**135 RENNELL DRIVE
SOUTHPORT CT 06490**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/22/1994

3a. Date of Last Report

2. Principal Place of Business

21 2641 Cahill Way

2a. Mailing Address

26 2641 Cahill Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 Lake Mary, FL

City & State

28 Lake Mary, FL

Zip

Country

Zip

Country

24 32746

25 USA

29 32746

30 USA

4. FEI Number

59-3258990

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**

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301**

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 names of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	JACQUES, WILLIAM
STREET ADDRESS	2378 EAST MAIN ST.
CITY - ST - ZIP	BRIDGPORT CT 06610
TITLE	D
NAME	JACQUES, MARY G
STREET ADDRESS	2378 EAST MAIN ST.
CITY - ST - ZIP	BRIDGPORT CT 06610
TITLE	D
NAME	JACQUES, NATALIE A
STREET ADDRESS	2378 EAST MAIN ST.
CITY - ST - ZIP	BRIDGPORT CT 06610
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	President	☒ Change ☐ Addition
1.2 NAME	JACQUES, WILLIAM	
1.3 STREET ADDRESS	2641 Cahill Way	
1.4 CITY - ST - ZIP	Lake Mary, FL 32746	
2.1 TITLE	Secretary/Treasurer	☒ Change ☐ Addition
2.2 NAME	JACQUES, MARY G.	
2.3 STREET ADDRESS	2641 Cahill Way	
2.4 CITY - ST - ZIP	Lake Mary, FL 32746	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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 of this report or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Jacques
William Jacques, President

4/24/95

Date

Exhibit 1 (Form 9)

407-328-2734