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Apr 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000054510 (0)

1. Corporation Name
WMN, INC.



Principal Place of Business

2641 CAHILL WAY
LAKE MARY FL 32748
US

Mailing Address

2641 CAHILL WAY
LAKE MARY FL 32748-2319
US

2. Principal Place of Business

21 691 MONTREAL LANE
Suite, Apt. #, etc.

22

23 SANFORD FL
City & State

24 32771
Zip

25 SEMINOLE
Country

2a. Mailing Address

26 691 MONTREAL LANE
Suite, Apt. #, etc.

27

28 SANFORD FL
City & State

29 32771
Zip

30 SEMINOLE
Country

3. Date Incorporated or Qualified

07/22/1994

3a. Date of Last Report

04/16/1996

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

8. 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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME JAQUES, WILLIAM
STREET ADDRESS 2641 CAHILL WYA
CITY-ST-ZIP LAKE MARY FL

TITLE ST ☐ DELETE

NAME JAQUES, MARY G.
STREET ADDRESS 2641 CAHILL WAY
CITY-ST-ZIP LAKE MARY 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 P
1.3 STREET ADDRESS JAQUES WILLIAM
1.4 CITY-ST-ZIP 691 MONTREAL LANE
SANFORD, FL 32771

2.1 TITLE S/T ☒ Change ☐ Addition

2.2 NAME JAQUES MARY G.
2.3 STREET ADDRESS 691 MONTREAL LANE
2.4 CITY-ST-ZIP SANFORD, FL 32771

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 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: Mary G. Jaques 4/8/97 407-841-2250
Typed or printed name of signing officer or director Daytime Phone # X3028

CR2E034 (9/96)