FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 10: 33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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***3548.75 ****208.75
DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000089560 (4)

1. Corporation Name
WIMAUMA GROUP, INC.

Principal Place of Business
101 GEORGE KING BLVD SUITE 4
CAPE CANAVERAL FL

Mailing Address
101 GEORGE KING BLVD SUITE 4
CAPE CANAVERAL FL

3. Date Incorporated or Qualified: 12/12/1994
3a. Date of Last Report:

4. FEI Number: 59-3263790 — ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 2112 North 15th Street	26 2112 North 15th Street
Suite, Apt. #, etc. 22 Suite 101	Suite, Apt. #, etc. 27 Suite 101
City & State 23 Tampa, FL	City & State 28 Tampa, FL
Zip 24 33605 — Country 25 USA	Zip 29 33605 — Country 30 USA

9. Name and Address of Current Registered Agent

MCMULLEN, THOMAS J
101 GEORGE KING BLVD SUITE 4
CAPE CANAVERAL FL

10. Name and Address of New Registered Agent

81 Name: GREGORY A. POPP, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): 101 GEORGE KING BLVD.
83 SUITE 4
84 City: CAPE CANAVERAL FL 85 Zip Code 32920

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] 4/25/95
Date

12. OFFICERS AND DIRECTORS

TITLE	DOS
NAME	MCMULLEN, THOMAS J
STREET ADDRESS	101 GEORGE KING BLVD SUITE 4
CITY ST ZIP	CAPE CANAVERAL FL
TITLE	DVT
NAME	SPARR, MICHAEL D
STREET ADDRESS	1009 E CLIFTON ST
CITY ST ZIP	TAMPA FL 33604
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
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	$8 5/10	☐ 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 119.07(3)(k), 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: [signature] 4/25/95 407-799-4090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Thomas J. McMullen

0073237 CP