

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 FEB -5 AM 8: 50

DOCUMENT # P94000089560

1. Corporation Name
WMAUMA GROUP, INC.



Principal Place of Business
2112 NORTH 15TH STREET
SUITE 101
TAMPA FL 33605

Mailing Address
2112 NORTH 15TH STREET
SUITE 101
TAMPA FL 33605

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/12/1994
4. FEI Number
59-3263790
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 owes the current year Intangible Personal Property Tax ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24
- 2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29

9. Name and Address of Current Registered Agent

SPARR, MICHAEL D
2112 NORTH 15TH STREET
SUITE 101
TAMPA FL 33605

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

Thomas J. McMullen, Jr.
2112 North 15th Street, Suite 101
TAMPA FL 33605

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 *Thomas J. McMullen, Jr.* *Thomas J. McMullen, Jr.* DATE 1-28-99

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

- TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
- PSD
MCMULLEN, THOMAS J JR
2112 NORTH 15TH ST., SUITE 101
TAMPA FL 33605
- TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
- VTD
SPARR, MICHAEL D
2112 NORTH 15TH ST., SUITE 101
TAMPA FL 33605
- 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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
- 2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
- 3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
- 4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
- 5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
- 6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1000002773421-8
-02/11/99--01085--026
*****158.75 *****158.75

BK

2/5/99

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, with all other like empowered

SIGNATURE: *Thomas J. McMullen, Jr.* *Thomas J. McMullen, Jr., President* 1-28-99 (813) 247-2828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)