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

DOCUMENT # P95000034649

1. Corporation Name

WBG-2, INC.

Mailing Address

3461 BONITA BAY BLVD SUITE 201 BONITA SPRINGS FL 34134

-SUITE 201

BONITA SPRINGS FL 34134

22

23

Principal Place of Business

3461 BONITA BAY BLVD

FILED May 06, 1999 8:00 am

Secretary of State

05-06-1999 90292 010 ***750.00

SUITE 201 BONITA SPRINGS FL 34134 US	SUITE 201 Bonita Springs FL 34134 US		DO NOT WRITE IN THIS 3. Date incorporated or Qualifed 04/28/1995	S SPACE
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
17800 Old 41 Road	26 27800 OK 9	41 Kad	65-0581180	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State Bonita Springs FZ	City & State 28 Banita Savings	FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 25 USA	Zip /Cod 29 34/35 30	Intry USA	This corporation owes the current year In Personal Property Tax.	☐Yes No
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
BACHMAN, ROBERT A 2461-BONITA BAY BLVD	- " -		ss (P.O. Box Number is Not Acceptable)	

Wings 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition ☐ DELETE 11 TITLE TITLE 1.2 NAME NAME BACHMAN, ROBERT A 1.3 STREET ADDRESS 3461 BONITA BAY BLVD SUITE 201 STREET ADDRESS 1.4 CITY-ST-ZIP BONITA SPRINGS FL 34134 CITY-ST-ZIP DELETE 2.1 TITLE TITLE 2.2 NAME NAME KATHLEEN MILLER 3461 BONITA BAY BLVD., SUITE 2017 2.3 STREET ADDRESS STREET ADDRES BONITA SPRINGS-FL-34134 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 3.1 TITLE TITLE 3.2 NAME STEPHEN B. LENTZ NAME .3461-BONITA BAY BLVD., SUITE 201 3.3 STREET ADDRESS STREET ADDRESS BONITA SPRINGS FL-34134 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change [] Addition 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)