

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  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90292 010 \*\*\*750.00

DOCUMENT # P95000055279

1. Corporation Name

WBG-3, INC.

Principal Place of Business

3461 BONITA BAY BOULEVARD  
SUITE 201  
BONITA SPRINGS FL 34134  
US

Mailing Address

3461 BONITA BAY BOULEVARD  
SUITE 201  
BONITA SPRINGS FL 34134  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1995

4. FEI Number

65-0609656

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 27800 Old 41 Road

2a. Mailing Address

26 27800 Old 41 Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Bonita Springs FL

Zip

24 34135

Country

25 USA

City & State

28 Bonita Springs FL

Zip

29 34135

Country

30 USA

9. Name and Address of Current Registered Agent

BACHMAN, ROBERT A  
3461 BONITA BAY BOULEVARD  
SUITE 201  
BONITA SPRINGS FL 34134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

27800 Old 41 Road

83

84 City

Bonita Springs

FL

85 Zip Code

34135

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 ☐ DELETE

NAME PD  
BACHMAN, ROBERT A  
STREET ADDRESS 3461 BONITA BAY BOULEVARD  
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE ☐ DELETE

NAME S  
KATHLEEN MILLER  
STREET ADDRESS 3461 BONITA BAY BLVD., SUITE 201  
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE ☐ DELETE

NAME T  
STEPHEN B LENTZ  
STREET ADDRESS 3461 BONITA BAY BLVD., SUITE 201  
CITY-ST-ZIP BONITA SPRINGS FL 34134

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

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 ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)