SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600039229 (5)

WMD HOLDING COMPANY



97 SEP 26 14 8: 36

SECRETARY OF STATE TALLAHASSEE FLORIDA



	- a taditadi kin tahin dikili dakili bakki dahin dakina tiska takin kidid kidid katil jadk						
Principal Place of Business Mailing Address							
1013 NO HIGHWAY 7 HOT SPRINGS AR 71809	4013 NO HIGHWAY 7 HOT SPRINGS AR 719	13 no highway 7 Dt springs ar 71909		DO NOT WRITE	IN THIS SPACE		
				3. Date Incorporated or Qualified 05/01/1996	3a. Date of Le	st Report	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		Applied For	
n l	26			4. FEI Number - 22358	330 F	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc	Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State	 1		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip Country 25	Zip Country 30			8. This corporation owes or has paid the current year Intangine Personal Property Tax due June 30.			
9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Registered Agent				
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE AR 32301		81 Name					
			82 Street Add	treet Address (P.O. Box Number is Not Acceptable)			
			83				
			84 City		FL 85	Zip Code	
 Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the St agent. I am familiar with, and accept the ob 	ate of Florida. Such change	was authorize	d by the corpora	rporation submits this statement for the pation's board of directors. I hereby accept	urpose of changi at the appointmen	ng its registered it as registered	

agent. I a	im familiar with, and accept the obligations of	, Section 607.0505, Flo	orida Statutes.		•		
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable. (NOT)	Registered Agent signature requi	red when reinstating) DATE			
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR			
TITLE	D		1.1 TITLE	800608209 063 9017			
NAME	WALKER, JEFFREY		1.2 NAME	****550.00	25****	ንንፎ ነ ሽር ሰበ	
STREET ADDRESS	1979 WOODCHASE COVE		1.3 STREET ADDRESS	赤赤赤つつじょ せい	कक्कक ३३	0,00	
CITY-ST-ZIP	CORDOVA TN 38018		1.4 CITY-ST-ZIP				
TITLE	D	DELETE	2.1 TITLE		Change	Addition	
NAME	MOORE, JACK		2.2 NAME				
STREET ADDRESS	4013 NO HIGHWAY 7		2.3 STREET ADDRESS				
CITY-ST-ZIP	HOT SPRINGS AR 71909		2. 4 CITY-ST-ZIP				
TITLE	D	DELETE	3.1 TITLE		Change	Addition	
NAME	DANIEL, BRADLEY		3.2 NAME				
STREET ADDRESS	2810 SUMMER OAKS DRIVE STE 9		3.3 STREET ADDRESS				
CITY-ST-ZIP	BOWLETT TN 38134		3.4. C(1 Y - ST - Z(P				
TITLE		DELETE	4.1 TITLE		Change	Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY - ST - ZIP				
TITLE		☐ DELETE	5.1 TITLE		Change	Addition	
NAME			5.2 NAME				
STREET ADDRESS	i		5.3 STREET ADORESS				
CITY-ST-ZIP			5.4 CITY - ST - ZIP				
TITLE		☐ DELETE	6.1 TITLE	, , , , , , , , , , , , , , , , , , , ,	Change	Addition	
NAME			6.2 NAME				
STREET ADDRESS	•		6.3 STREET ADDRESS				

CITY-ST-ZIP 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.

LANCOUNT PROPERTY

9-22-97