

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 # P96000079390 (6)

1. Corporation Name  
WLMJR, INC.

97 AUG -4 AM 11:04

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



Principal Place of Business

2500 NO TAMiami TRAIL STE 112  
NAPLES FL 34103

Mailing Address

2500 NO TAMiami TRAIL STE 112  
NAPLES FL 34103

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/24/1996

3a. Date of Last Report

2. Principal Place of Business

21 2375 Tamiami Trl N.

Suite, Apt. #, etc.

22 # 206

City & State

23 Naples FL

Zip

24 34103

Country

25 Collier

2a. Mailing Address

26 2375 Tamiami Trl N.

Suite, Apt. #, etc.

27 # 206

City & State

28 Naples FL

Zip

29 34103

Country

30 Collier

4. FEI Number

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MCDANIEL, WILLIAM L  
2500 NO TAMiami TRAIL STE 112  
NAPLES FL 34103

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 607.0504, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/31/97

12. OFFICERS AND DIRECTORS

TITLE D  
NAME MCDANIEL, WILLIAM L  
STREET ADDRESS 2500 NO TAMiami TRAIL STE 112  
CITY-ST-ZIP NAPLES FL 33940

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

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

2375 Tamiami Trl N # 206  
Naples FL 34103

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

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\*\*\*\*165.00 \*\*\*\*165.00

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 any Attachment with an address.

SIGNATURE

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

7/31/97 24 1121-2292

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②

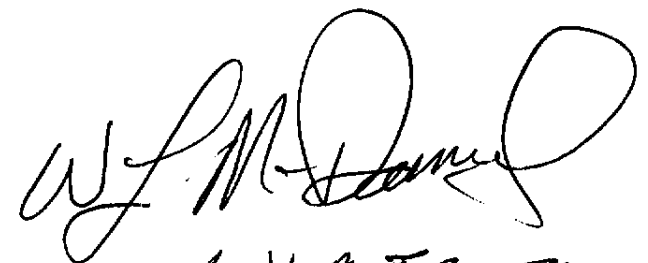
# THE REALTY COMPANY

7/31

To Whom it May Concern;

At the request of one of your Agents  
I am sending this registration here,  
As the address was incorrect & I  
did not receive same to pay the  
proper fee.

Enclosed is the proper fee &  
the corrected form.  
Thank you for your assistance.

  
W. F. M. Jones, Inc.