## 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** 

## OCUMENT # P97000059608 Corporation Name

WMY, INC.

Mailing Address

# **FILED** Feb 05, 1999 8:00am **Secretary of State**

02-05-1999 90007 007 \*\*\*150.00



77 WEST 7TH STREET 2507 WEST 7TH STREET								
FL	LEHIGH ACRES FL				DO NOT WRITE IN THIS SPACE			
					Date Incorporated or Qualifed     07/07/1997			
	A Mailian A	Address		<del>-</del>		App	olied For	
ace of Business	——————————————————————————————————————	Agaress			1	Not	Applicable	
					<del>                                     </del>	\$8.75 A	dditional	
‡, etc.	— <u> </u> —	ot. #, etc.			5. Certificate of Status Desired L	Fee Re	quired	
City & State		City & State			6. Election Campaign Financing			
•	28				Trust Fund Contribution Added to Fees			
Country	Zip		<b>-</b>	1		angible □∨es	□No	
25	29		)		Personal Property Tax.		<del></del>	
9. Name and Address of Curr	ent Registered Ag	ent	<del>-  </del> -		10. Name and Address of New Registered	, tgo		
			81	1				
			82	Street Add	ress (P.O. Box Number is Not Acceptable)			
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GH ACRES FL			83	3				
			84	City		85 Zip (	Code	
				<u></u>		changing its	registered	
to the provisions of Sections 607.0	502 and 607 1508,	Florida Statutes,	, the abor	ve-named con	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	intment as re	gistered	
egistered agent, or both, in the Sta m familiar with, and accept the obl	igations of, Section	607.0505, Florid	a Statute	s.				
	ecent and title if applicable	(NOTE: Re	egistered Ag	ent signature requir	red when reinstating) , , ,			
Signature, typed or printed name or registered:	AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
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T10473-6314			6.3 STR	EET ADDRESS				
	Country  25  9. Name and Address of Curr  OY, WILLIAM D  WEST 7TH STREET GH ACRES FL  to the provisions of Sections 607.0 egistered agent, or both, in the Stam familiar with, and accept the oblication of the section	STREET FL  2507 WEST 7 LEHIGH ACRE  ace of Business  2a. Mailing A 26  Lett.  Country  25  28  Country  25  29  9. Name and Address of Current Registered Ag  OY, WILLIAM D  WEST 7TH STREET GH ACRES FL  to the provisions of Sections 607.0502 and 607.1508, egistered agent, or both, in the State of Florida. Such m familiar with, and accept the obligations of, Section  Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  PD  MCCOY, WILLIAM D 2507 WEST 7TH STREET  LEHIGH ACRES FL  STD  MCCOY, YOUNG M 2507 WEST 7TH STREET  LEHIGH ACRES FL	STREET FL  2507 WEST 7TH STREET LEHIGH ACRES FL  26  3ce of Business  26  4, etc.  27  City & State  28  Country  25  9. Name and Address of Current Registered Agent  OY, WILLIAM D WEST 7TH STREET GH ACRES FL  To the provisions of Sections 607.0502 and 607.1508, Florida Statutes egistered agent, or both, in the State of Florida: Such change was auth in familiar with, and accept the obligations of, Section 607.0505, Florida Statutes of Florida: Such change was auth or familiar with, and accept the obligations of, Section 607.0505, Florida Statutes of Florida: Such change was auth or familiar with, and accept the obligations of, Section 607.0505, Florida Statutes of Florida: Such change was auth or familiar with, and accept the obligations of, Section 607.0505, Florida Statutes of Florida: Such change was auth or familiar with, and accept the obligations of, Section 607.0505, Florida Statutes of Florida: Such change was auth or familiar with, and accept the obligations of, Section 607.0505, Florida Statutes of Florida: Such change was auth or familiar with, and accept the obligations of, Section 607.0505, Florida Statutes of Florida: Such change was auth or familiar with, and accept the obligations of, Section 607.0508, Florida Statutes of Florida: Such change was auth or familiar with, and accept the obligations of, Section 607.0508, Florida Statutes of Florida: Such change was auth or familiar with, and accept the obligations of, Section 607.0508, Florida Statutes of Florida: Such change was auth or familiar with, and accept the obligations of, Section 607.0508, Florida Statutes of Florida: Such change was authorized and for familiar with, and accept the obligations of, Section 607.0508, Florida Statutes of Florida: Such change was authorized and for familiar with, and for familiar wit	STREET FL  2507 WEST 7TH STREET LEHIGH ACRES FL  22. Mailing Address 25. Suite, Apt. #, etc. 27. City & State 28. Country 29. Name and Address of Current Registered Agent  OY, WILLIAM D WEST 7TH STREET GH ACRES FL  36. ACRES FL  37. WEST 7TH STREET GH ACRES FL  38. Signature, hyped or printed name of registered agent and 607.0502, Florida Statutes 38. OFFICERS AND DIRECTORS  PD MCCOY, WILLIAM D 2507 WEST 7TH STREET LEHIGH ACRES FL  38. STREET LEHIGH ACRES FL  49. STID  DELETE  21. TITLE 22. NAME 23. STREET LEHIGH ACRES FL  33. STREET LEHIGH ACRES FL  44. CITY 42. STANA 43. STREET LEHIGH ACRES FL  44. CITY 45. STANA 45. STREET LEHIGH ACRES FL  44. CITY 45. STANA 45. STREET LEHIGH ACRES FL  44. CITY 45. STANA 45. STREET LEHIGH ACRES FL  44. CITY 45. STANA 45. STREET LEHIGH ACRES FL  44. CITY 44. CITY 45. STANA 45. STREET LEHIGH ACRES FL  44. CITY 44. CITY 45. STANA 45. STREET LEHIGH ACRES FL  44. CITY 45. STANA 45. STREET LEHIGH ACRES FL  44. CITY 45. STANA 45. STREET LEHIGH ACRES FL  44. CITY 45. STANA 45. STREET LEHIGH ACRES FL  46. 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The MCCOY, WILLIAM D 2507 WEST 7TH STREET LEHIGH ACRES FL  STD  MCCOY, YOUNG M 2507 WEST 7TH STREET LEHIGH ACRES FL  DELETE  1.1 TITLE 1.2 NAME 2.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 4.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 1.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 1.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 1.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.7 TITLE 5.7 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.7 TITLE 5.7 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 5.7 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 5.7 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 5.7 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 5.7 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 5.7 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 5.7 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 5.7 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 5.7 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 5.7 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 NAME 6.	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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 trusted 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. CITY-ST-ZIP

SIGNATURE: