

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

10F3

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
**Jun 20, 1996 08:00 AM**  
**Secretary of State**

DOCUMENT # 190331  
 1. Corporation Name

Wilson, Miller, Barton & Peek, Inc.

Principal Place of Business Mailing Address  
 3200 Bailey Lane, Suite 200 Same  
 Naples, FL 34105

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		1/19/56	5/1/95
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		59-0761871	Not Applicable
24 Country		29 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$5.00 May Be Added to Fees
6. Election Campaign Financing Trust Fund Contribution				8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	
<input type="checkbox"/>				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Gary L. Danca				81 Name			
3200 Bailey Lane, Suite 200				82 Street Address (P.O. Box Number is Not Acceptable)			
Naples, FL 34105				200001870822			
				83 -06/21/96--01026--000 oll			
				84 City ***233.75 FL 85 Zip Code			

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 \_\_\_\_\_ (Print Name of Registered Agent and Florida Address) (Print Registered Agent's name, telephone number, and Florida Address)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		12 NAME	William L. Barton
STREET ADDRESS		13 STREET ADDRESS	605 Palm Circle East
CITY-ST-ZIP		14 CITY-ST-ZIP	Naples, FL 33940
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	Thomas R. Peek
STREET ADDRESS		23 STREET ADDRESS	90 East Ave.
CITY-ST-ZIP		24 CITY-ST-ZIP	Naples, FL 33963
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	Clifford H. Schneider
STREET ADDRESS		33 STREET ADDRESS	234 Tupelo Road
CITY-ST-ZIP		34 CITY-ST-ZIP	Naples, FL 33963
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	John E. Boutwell
STREET ADDRESS		43 STREET ADDRESS	4760 13th Ave. S.W.
CITY-ST-ZIP		44 CITY-ST-ZIP	Naples, FL 33999
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	Gary L. Danca
STREET ADDRESS		53 STREET ADDRESS	4145 Pine Ridge Road Ext.
CITY-ST-ZIP		54 CITY-ST-ZIP	Naples, FL 33999
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME	Fermin A. Diaz
STREET ADDRESS		63 STREET ADDRESS	5186 12th Ave. S.W.
CITY-ST-ZIP		64 CITY-ST-ZIP	Naples, FL 33999

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: Gary L. Danca GARY L. DANCA 6/12/96 (941) 649-4040  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone

CR2E034 (3/96)

6/20/96

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**DOCUMENT #**  
 1. Corporation Name  
 Wilson, Miller, Barton & Peek, Inc.

Principal Place of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	4. FEI Number	Applied For / Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	28	29
23	28	29	30
Zip	Country	Zip	Country
24	25	29	30

<b>9. Name and Address of Current Registered Agent</b>		<b>10. Name and Address of New Registered Agent</b>	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		12 NAME	Alan D. Reynolds
STREET ADDRESS		13 STREET ADDRESS	5540 12th Ave. S.W.
CITY - ST - ZIP		14 CITY - ST - ZIP	Naples, FL 33999
TITLE	<input type="checkbox"/> DELETE	21 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	Steven A. Means
STREET ADDRESS		23 STREET ADDRESS	917 Bluebird St.
CITY - ST - ZIP		24 CITY - ST - ZIP	Naples, FL 33942
TITLE	<input type="checkbox"/> DELETE	31 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	Timothy P. Durham
STREET ADDRESS		33 STREET ADDRESS	2425 Clipper Way
CITY - ST - ZIP		34 CITY - ST - ZIP	Naples, FL 33942
TITLE	<input type="checkbox"/> DELETE	41 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	George G. Gibala
STREET ADDRESS		43 STREET ADDRESS	1940 51st St. S.W.
CITY - ST - ZIP		44 CITY - ST - ZIP	Naples, FL 33999
TITLE	<input type="checkbox"/> DELETE	51 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	Arlen D. White
STREET ADDRESS		53 STREET ADDRESS	9002 Huntington Point Drive
CITY - ST - ZIP		54 CITY - ST - ZIP	Sarasota, FL 34238
TITLE	<input type="checkbox"/> DELETE	61 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME	Bruce A. Rankin
STREET ADDRESS		63 STREET ADDRESS	1209 Sunbury Drive
CITY - ST - ZIP		64 CITY - ST - ZIP	Fort Myers, FL 33901

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (3/96)

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Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For / Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country		
24	25	29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85 Zip Code

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TITLE	<input type="checkbox"/> DELETE	11 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		12 NAME	Michael A. Kennedy
STREET ADDRESS		13 STREET ADDRESS	6832 Coral Circle
CITY - ST - ZIP		14 CITY - ST - ZIP	Sarasota, FL 34243
TITLE	<input type="checkbox"/> DELETE	21 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	Millard J. Yoder
STREET ADDRESS		23 STREET ADDRESS	1390 Grand Blvd.
CITY - ST - ZIP		24 CITY - ST - ZIP	Sarasota, FL 34232
TITLE	<input type="checkbox"/> DELETE	31 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	J. Michael Bell
STREET ADDRESS		33 STREET ADDRESS	3956 Breck Lane
CITY - ST - ZIP		34 CITY - ST - ZIP	Sarasota, FL 34232
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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**SIGNATURE:** \_\_\_\_\_ DATE \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)