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.)

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

CORPORATION ANNUAL REPORT

1996

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

21

22



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

190331 DOCUMENT #

Wilson, Miller, Barton & Peek, Inc.

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

Country

Same

2a. Mailing Address

City & State

Z·ρ

Suite, Apt. #, etc

26

27

28

Jun 20, 1996 Secretary		
Date Incorporated or Qualified     1/19/56	3a. Date of t	
4. FEI Number		Applied For
59-0761871	<u> </u>	Not Applicable

8. This corporation has liability for intang ble tax under s 199 032

X Yes No

\$8.75 Additional

Fee Required

\$5,00 May Be

Added to Fees

**FILED** 

וו		25		29	[	30				Fiorida Sta		-	No	
1	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent								
Gary L							81	Name						
-			Suite	200		l	82	Street	Address	s (P.O. Box Nur	mber is Not Accept	table)		
3200 Bailey Lane, Suite 200 Naples, FL 34105										00018				
nahres	) LT	34103					83			-06	/21/9601	10266	oli	
						i	84	City		***	233.75	FL	<b>85</b> Zip C	ode
off.co.or.r	1. 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.													
SIGNATURE						Teatres toron	3 A.S. C	t sea (3), and	record	aller reinstatingt		D4Fr		
	Suprature, type			agest and threshap  AND DIRECTO	<u> </u>	13.	o egci.	1 s g mine	- Cappine	ADDITIONS	/CHANGES TO OF	FICERS AN	DIRECTOR:	S IN 12
12.	τ		JEFICE HOP	MAC DITTOR	DELETE	111	ΓLE	v	PD				Change	X Addition
NAME						12 N	AME	•	W11	liam L.	Barton			İ
STREET ADORESS						1.3 S	TREET A	ADDRESS	605	Palm C:	ircle East			
CITY-ST ZIP						14 C	T <b>Y - \$</b>	- ZIP		les, FL				
TITLE					DELETE	21 (1	TLE	./	VD				[_] Change	X Addition
NAME	ļ					2 2 N	AME	V	Tho	mas R. I	Peek			1
STREET ADDRESS						235	TREE 1 /	AODRESS	90	East Ave	₽.			
CITY ST-ZIP						2.40	ITY-S	1 - ZIP		les, FL	33963			Ted 111
TITLE	1				DELETE	3 1 11	ILE	- √	VD				Dhange	X Addition
NAME						3 2 N	AME	-			. Schneide	r		
STREET ADDRESS						3 3 S	TREFT	ADDRESS		Tupelo				
City-ST-ZiP	,					34 (	CITY - S	1 - 712		les, FL	33963			Tagle Andread
1ITLE					DELETE	411	1116		VD				Change	X Addition
NAME						4 2 !	MAME	•	Joh	ın E. Bo	utwell			
STREET ADDRESS	1					435	TREET.	ADDRESS			Ave. S.W.			
CITY - ST - 2IP						440	iTY-S1	- ZiP		oles, FL	33999		Change	Tel Add too
TITLE					DELETE	5 1 T	ITLE	J	STI				_ J Change	ne tibbA 🗶
NAME						5 2 N	IAMÉ		Gar	ry L. Da	nca			
STREET ADDRESS						5 3 S	TREET	ADDRESS	414	45 Pine	Ridge Road	l Ext.		
CiTY - ST - Z-P						540	HTY - S	r - ZiP		oles, FL	33999		Channa	Tel Addition
TITLE					L DELETE	617	TLE		VD'				[] Change	X Addition
NAME						621	LAME		1	rmin A.				4
STREET ADDRESS						633	STREET	ADDRESS			Ave. S.W.			/20 m
CITY - ST - ZIP						640	CITY-S	F-26P	Na	oles, FL	33999			2

Country

14. Too hereby certify it at the information supplied with this filling 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 Blook 13 if changed, or or an attachment with an address.

SIGNATURE:

(941)649-4040

Page	e 2

CR2E034 (3/96)

20×3

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.)

**CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

Principal Place of Business

Wilson	, Miller,	Barton	&	Peek,	Inc.	

Mailing Address

					3. Date Incorporated or Qualified	3a. Date of Last F	Report
2. Principal I	Place of Business	2a. Mailing Address			4. FEI Number	<del></del>	pplied For
Suite, Apt	. ₩, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional equired
City & Sta		City & State			Election Campaign Financing     Trust Fund Contribution		May Be to Fees
Zip 24	Country 25		30 Coun	try	8. This corporation has liability for inta Florida Statutes	'es 🔲 No	199 032.
<b></b>	9. Name and Address of Cur	rent Registered Agent		14 110	10. Name and Address of New Regist	tered Agent	
				31 Name			
					Address (P.O. Box Number is Not Acceptable)		
			8	33			
-			Ē	14 City		FL 85 Zip I	Code
i office or	to the provisions of Sections 607.0 registered agent, or both, in the Str am familiar with, and accept the ob- signature typed or printed name of registered	ate of Florida. Such change was a ligations of, Section 607.0505, Flo	uthorized orida Statu	by the cor les	corporation submits this statement for the purp poration's board of directors. I hereby accept the required when reinstating)	pose of changing it ne appointment as	s registered registered
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	RS IN 12
TITLE		DELETE	1 1 TIYL	£	VD	Change	X Addition
NAME			12 NAW	ΙE	Alan D. Reynolds		
STREET ADDRESS			1 3 \$TR	ET ADDRESS	5540 12th Ave. S.W.		
CITY-ST-ZIP		Llociere		-ST-ZIP	Naples, FL 33999		Del a con
TITLE	i	DELETE	2 1 TITL		V A M	Change	X Addition
NAME	1		2.2 NAM	=	Steven A. Means		
STREET ADDRESS	]			ET ADDRESS	917 Bluebird St.		
CITY-ST-ZIP TITLE		DELETE	3 1 10111	r-st-zip	Naples, FL 33942	Change	X Addition
NAME			32 NAM		Timothy P. Durham	change	(A) ADDRIGHT
STREET ADORESS				ET ADDRESS	2425 Clipper Way		
City-St-2iP				-ST-ZIP	Naples, FL 33942		
TITLE		DELETE	41 1111		V 33342	Change	X Addition
NAME			4 2 NA	AE .	George G. Gibala		
STREET ADDRESS			43STRE	ET ADDRESS	1940 51st St. S.W.		
CITY-ST-ZIP	1		44 CITY	- ST - 21P	Naples, FL 33999		
TITLE		DELETE	51 TITLI		VD	Change	X Addition

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

52 NAME

61 TITLE

62 NAME

5 3 STREET ADDRESS

63 STREET ADDRESS

5 4 CITY - ST - ZIP

Arlen D. White

Bruce A. Rankin

1209 Sunbury Drive

Sarasota, FL 34238

9002 Huntington Point Drive

NAME

HILE

NAME

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

Dayline Phone #

Change

X Addition

Page	3
------	---

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.)

**PROFIT** CORPORATION **ANNUAL REPORT** 1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT	#
1. Corporation Name	

Wilson,	Miller, Barton	& Peek, Inc.					
Principal Place of	of Business	Mailing Address	<del></del>				
					3. Date Incorporated or Qualified	3a. Date of La	ist Report
2. Principal Plac	e of Business	2a. Mailing Address	······································	.,,	4. FEI Number	L	Applied For
21 Suite, Apt #,	elc	Suite, Apt #, etc					Not Applicable
22	CIO.	27 Suite, Apr. #, etc			5. Certilicate of Status Desired	1 1	75 Additional e Required
City & State		City & State			6. Election Campaign Financing		.00 May Be
23		28			Trust Fund Contribution		ded to Fees
Zip	Country	Zφ	Country		8. This corporation has liability for in	itangible tax und	er s 199 032,
24	9. Name and Address of Cur	sont Registered & sent	30			Yes No	
	5. Maine and Address of Cor	terit vedizieled Ydeut	81	Name	10. Name and Address of New Reg	Istered Agent	
			82	Street Ac	fdress (P.O. Box Number is Not Acceptable	9)	
			83				
			84	Cit.			<u> </u>
				City			Zip Code
		1502 and 607.1508, Florida Statuate of Florida. Such change was ligations of, Section 607.0505, F		named co the corpor	orporation submits this statement for the puration's board of directors. I hereby accept	rpose of changir the appointment	ng its registered t as registered
SIGNATURE							
Sigr 12.	nature Typed or printed name of registered	agent and title if applicable (NC ND DIRECTORS		I signature rec	guired when reinstating)	DATE	
TITLE	OFFICERS /	DELETE	13.		ADDITIONS/CHANGES TO OFFICE VD		
NAME			1 2 NAME	İ	· -	Chan	ge K Addition
STREET ADDRESS			1.3 STREET A		Michael A. Kennedy 6832 Coral Circle		
CITY-ST-ZIP			1 4 City - ST		Sarasota, FL 34243		
TITLE		DELETE	2 1 TITLE		V	Chang	ge 😿 Addition
NAME			22 NAME		Millard J. Yoder		
STREET ADDRESS			23 STREET A		1390 Grand Blvd.		
CITY - ST - ZIP			2 4 CITY - ST		Sarasota, FL 34232		
TITLE		[_] DELETE	3 1 TITLE		V	[] Chang	ge X Addition
NAME STREET ADDRESS			3.2 NAME		J. Michael Bell		
City-ST-ZIP			3 3 STREET A		3956 Breck Lane		
THLE		DELETE	3.4 CITY-ST	- 7112	Sarasota, FL 34232	Chang	ge Addition
NAME			4 2 NAME				JC ADDITION
STREET ADDRESS			43 STREET A	DORESS			
CITY-ST-ZIP			44 CITY - ST -	ZIP			
TITLE		DELETE	51 TITLE			Chang	e Addition
NAME			52 NAME				
STREET ADDRESS			5 3 STREET AL	DDRESS			
CITY-ST-ZIP	7.11		54 CITY-ST-	ZIP			
TITLE		DELETE	6 1 TITLE			Chang	eAddition
NAME			62 NAME				
STREET ADDRESS			63 STREET AL				
CITY-SE-ZIP	ertify that the information suppl	and with this those is unlessed to	64 CITY-ST-	ZIP	all to face the	0.07/01/: =	
further certify	that the information indicated of	ieu wiut mis liang is voluntarily fi In this annual report or supplem	urnisned and di ental annual rei	oes not qu	ialify for the exemption stated in Section 11	9 07(3)(k), Florid	a Statutes I

made under oath, that I am an officer or director of the corporation or the receiver or fustee 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

Oate Dayline Pices #