


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90158 031 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 190331

1. Corporation Name
WILSON, MILLER, BARTON & PEEK, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3200 BAILEY LANE SUITE 200 NAPLES FL 34105 US		Mailing Address 3200 BAILEY LANE SUITE 200 NAPLES FL 34105 US		3. Date Incorporated or Qualified 01/19/1956	
21	2. Principal Place of Business	26	2a. Mailing Address	4. FEI Number 59-0761871	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Country	30	Country		

9. Name and Address of Current Registered Agent DANCA, GARY L 3200 BAILEY LANE SUITE 200 NAPLES FL 34105				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENNEDY, MICHAEL A	1.2 NAME	DANCA, GARY L.
STREET ADDRESS	1112 MARIGOLD DR	1.3 STREET ADDRESS	4145 Pine Ridge Road Ext.
CITY-ST-ZIP	BRADENTON FL 34202	1.4 CITY-ST-ZIP	Naples, FL 34119
TITLE	CD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEEK, THOMAS R	2.2 NAME	DIAZ, FERMIN A.
STREET ADDRESS	90 EAST AVE.	2.3 STREET ADDRESS	5186 12th Ave. S.W.
CITY-ST-ZIP	NAPLES FL 33963	2.4 CITY-ST-ZIP	NAPLES, FL 34116
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DURHAM, TIMOTHY P	3.2 NAME	BOUTWELL, JOHN E.
STREET ADDRESS	3220 70TH ST SW	3.3 STREET ADDRESS	4760 13th Ave. S.W.
CITY-ST-ZIP	NAPLES FL 34105	3.4 CITY-ST-ZIP	NAPLES, FL 34116
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIBALA, GEORGE G	4.2 NAME	RATLIFF, GEORGIANNE
STREET ADDRESS	1940 51ST ST SW	4.3 STREET ADDRESS	11300 Sun creek Place
CITY-ST-ZIP	NAPLES FL 34116	4.4 CITY-ST-ZIP	Temple Terrace, FL 33617
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	WHITE, ARLEN D	5.2 NAME	
STREET ADDRESS	9002 HUNTINGTON PT. DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34238	5.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	REYNOLDS, ALAN D	6.2 NAME	
STREET ADDRESS	5540 12TH AVE SW	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34116	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 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, with all other like empowered.

SIGNATURE: Gary Danca **GARY L. DANCA** 1-14-99 (941)649-4040
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)