

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 8:22

DOCUMENT # 388764 (3)

1. Corporation Name

K.R. WILSON HOMES, INC.

Principal Place of Business
**3570 WILLIAMSON ROAD
FT MYERS FL 33905**

Mailing Address
**3570 WILLIAMSON ROAD
FT MYERS FL 33905**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/23/1971** 3a. Date of Last Report **04/07/1994**

4. FEI Number **59-1473320** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**WILSON, KENNETH R
3570 WILLIAMSON ROAD
FT MYERS FL 33905**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 of 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 of Registered Agent and the Agent

Registered Agent Signature required when registering

(41)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PO
NAME	WILSON, KENNETH R.
STREET ADDRESS	3570 WILLIAMSON ROAD
CITY, ST, ZIP	FT. MYERS FL
TITLE	STD
NAME	WILSON, WANDA
STREET ADDRESS	3570 WILLIAMSON ROAD
CITY, ST, ZIP	FT. MYERS FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2	NAME	
3	STREET ADDRESS	
4	CITY - ST - ZIP	
7	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8	NAME	
9	STREET ADDRESS	
10	CITY - ST - ZIP	
31	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32	NAME	
33	STREET ADDRESS	
34	CITY - ST - ZIP	
41	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42	NAME	
43	STREET ADDRESS	
44	CITY - ST - ZIP	
51	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52	NAME	
53	STREET ADDRESS	
54	CITY - ST - ZIP	
61	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62	NAME	
63	STREET ADDRESS	
64	CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), Florida Statutes. I further certify that the information contained 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 as an attachment with an address.

SIGNATURE:

Kenneth R. Wilson - **Kenneth R. Wilson** (813) 674-1381

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/95