

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

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**

2. Principal Place of Business
21 Sub., Apt. #, etc.
22 City & State
23 Zip Country
24
25
2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29
30

3. Date Incorporated or Qualified: **09/23/1971**
3a. Date of Last Report: **03/14/1995**
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. 199.032, Florida Statutes: Yes No

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

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 607.0705, Florida Statutes.

SIGNATURE

Signature of corporation officer or director (Type name and title)

Signature of Registered Agent (Type name and title)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE: **PD** DELETE
NAME: **WILSON, KENNETH R.**
STREET ADDRESS: **3570 WILLIAMSON ROAD**
CITY-STATE-ZIP: **FT. MYERS FL**

2. TITLE: **STD** DELETE
NAME: **WILSON, WANDA**
STREET ADDRESS: **3570 WILLIAMSON ROAD**
CITY-STATE-ZIP: **FT. MYERS FL**

3. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

4. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

5. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

6. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: Change Addition
1.2 NAME:
1.3 STREET ADDRESS:
1.4 CITY-STATE-ZIP:

2.1 TITLE: Change Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY-STATE-ZIP:

3.1 TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-STATE-ZIP:

4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-STATE-ZIP:

5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-STATE-ZIP:

6.1 TITLE: Change Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY-STATE-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 119.07(3)(g), 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.

SIGNATURE: *Kenneth R. Wilson* **KENNETH R. WILSON** 2-14-96 (941) 694-1381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time/Phone #

CR2E034 (12/95)