

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

APPROVED AND FILED
 95 FEB -1 AM 8:12
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 499284 (8)
 1. Corporation Name
WILMAR, INC.

Principal Place of Business Mailing Address
 3115 GULF SHORE BLVD. N. #709 3115 GULF SHORE BLVD. N. #709
 NAPLES FL 33940 NAPLES FL 33940

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified 3a. Date of Last Report
 03/18/1976 01/19/1994
 4. FEI Number Applied For
 APPLIED FOR 9-1657382 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
 KAVERMAN, WILLIAM H.
 3115 GULF SHORE BLVD N #709
 NAPLES FL 33940
 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 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 William H. Kaverman, President DATE Jan. 10, 1995
Signature, typed or printed name of registered agent and the corporation. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------------|
| TITLE | PT |
| NAME | KAVERMAN, WILLIAM H. |
| STREET ADDRESS | 3115 GULF SH BLVD N #709 |
| CITY-ST-ZIP | NAPLES FL |
| TITLE | S |
| NAME | KAVERMAN, MARTHA M. |
| STREET ADDRESS | 3115 GULF SH BLVD N #709 |
| CITY-ST-ZIP | NAPLES FL |
| TITLE | V |
| NAME | KAVERMAN, RICHARD W. |
| STREET ADDRESS | 101 WARWICK HILLS DR |
| CITY-ST-ZIP | NAPLES FL |
| TITLE | V |
| NAME | KAVERMAN, ROBERT J. |
| STREET ADDRESS | 278 BONNIE ST |
| CITY-ST-ZIP | NAPLES FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | President |
| NAME | William H. Kaverman |
| STREET ADDRESS | 3115 Gulf Shore Blvd N. #709 |
| CITY-ST-ZIP | Naples, Florida - 33940 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 200001398362 |
| 1.4 CITY-ST-ZIP | -02/06/95--01057--014 |
| 2.1 TITLE | ***200.00 200.00 Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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 118.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William H. Kaverman, P.C.B.S. 1-10-95 813-262-6308
Signature, typed or printed name of signing officer or director Title (Signature (Name))