

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

**FILED**  
**May 15 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 688005 (8)**  
 1. Corporation Name  
**WILSON MANAGEMENT COMPANY**



Principal Place of Business <b>6200 COURTNEY CAMPBELL CAUSEWAY SUITE 600 TAMPA FL 33607</b>	Mailing Address <b>6200 COURTNEY CAMPBELL CAUSEWAY SUITE 600 TAMPA FL 33607</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

3. Date Incorporated or Qualified <b>09/17/1980</b>	3a. Date of Last Report <b>04/29/1996</b>
4. FEI Number <b>59-2027272</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WILSON, JACK  
 6200 COURTNEY CAMPBELL CAUSEWAY  
 SUITE 600  
 TAMPA FL 33607**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<b>DELETE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILSON, JACK</b>	1.2 NAME	<b>Strickland, H. Blaine</b>
STREET ADDRESS	<b>6200 COURTNEY CAMPBELL</b>	1.3 STREET ADDRESS	<b>6200 Courtney Campbell Causeway, #600</b>
CITY-ST-ZIP	<b>TAMPA, FL. 0</b>	1.4 CITY-ST-ZIP	<b>Tampa, FL. 33607</b>
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WELCH, GARY E</b>	2.2 NAME	
STREET ADDRESS	<b>6200 COURTNEY CAMPBELL</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA, FL. 0</b>	2.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARNETT, JAMES A.</b>	3.2 NAME	
STREET ADDRESS	<b>6200 COURTNEY CAMPBELL CAUSEWAY #600</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MITCHELL, STEPHEN J.</b>	4.2 NAME	
STREET ADDRESS	<b>ONE TAMPA CITY CENTER</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	4.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOEHLER, DEBRA F.</b>	5.2 NAME	
STREET ADDRESS	<b>6200 COURTNEY CAMPBELL CAUSEWAY, #600</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FINCH, LARRY J</b>	6.2 NAME	
STREET ADDRESS	<b>6200 COURTNEY CAMPBELL CAUSEWAY, #600</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: By: *Debra F. Koehler* **Debra F. Koehler, Sr. Vice Pres.** 04/25/97 813/281-8888  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)