

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H02464 (6)
1. Corporation Name
WIL. DOR. INC.



Principal Place of Business Mailing Address
**P.O. BOX 849
1820 SOUTH MAIN STREET
LEXINGTON NC 27293-0849
US**

3. Date Incorporated or Qualified **05/07/1984** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-2415287** 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

2. Principal Place of Business 2a. Mailing Address
21 **208 BROOKFIELD DR** 26 **P O BOX 700**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **P O BOX 700** 27
City & State City & State
23 **KNIGHTDALE NC** 28 **KNIGHTDALE NC**
Zip Country Zip Country
24 **27545** 25 **WAKE** 29 **27545** 30 **WAKE**

9. Name and Address of Current Registered Agent
**MCDONALD, THOMAS R CPA
91551 OVERSEAS HWY
TAVERNIER FL 33070**

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 607.0505, 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	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILER, WM. R.	1.2 NAME	
STREET ADDRESS	91551 OVERSEAS HWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAVERNIER FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILER, DOROTHY J.	2.2 NAME	
STREET ADDRESS	9151 OVERSEAS HWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAVERNIER FL	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILER, DALE P.	3.2 NAME	
STREET ADDRESS	N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON NC	3.4 CITY-ST-ZIP	RALEIGH, NC
TITLE	STD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLDEN, MONIKA	4.2 NAME	
STREET ADDRESS	N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON NC	4.4 CITY-ST-ZIP	KNIGHTDALE, NC
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(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: Monika Holden **MONIKA HOLDEN** Date: 4/15/96 Daytime Phone #: 919 217 0084

CR2E034 (12/95)