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**FILED**  
**Mar 13, 1999 8:00 am**  
**Secretary of State**

03-13-1999 90008 023 \*\*\*100.00  
 03-13-1999 90008 024 \*\*\*\*50.00



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**

DOCUMENT # **H02464**

1. Corporation Name  
**WIL. DOR. INC.**

Principal Place of Business

7408 SIEMENS DR  
 WENDELL NC 27591  
 US

Mailing Address

7408 SIEMENS DR  
 WENDELL NC 27591  
 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/07/1984

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 owes the current year Intangible Personal Property Tax.

Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. TITLE  DELETE

CD  
 NAME SILER, WM. R.  
 STREET ADDRESS 91551 OVERSEAS HWY  
 CITY-ST-ZIP TAVERNIER FL

TITLE  DELETE

D  
 NAME SILER, DOROTHY J.  
 STREET ADDRESS 9151 OVERSEAS HWY  
 CITY-ST-ZIP TAVERNIER FL

TITLE  DELETE

PD  
 NAME SILER, DALE P.  
 STREET ADDRESS N/A  
 CITY-ST-ZIP RALEIGH NC

TITLE  DELETE

STD  
 NAME HOLDEN, MONIKA  
 STREET ADDRESS N/A  
 CITY-ST-ZIP KNIGHTDALE NC

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME 7  
 1.3 STREET ADDRESS 7408 SIEMENS DR  
 1.4 CITY-ST-ZIP WENDELL NC 27591

2.1 TITLE  Change  Addition

2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME 7408 SIEMENS DR  
 3.3 STREET ADDRESS WENDELL NC 27591  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME 7408 SIEMENS DR  
 4.3 STREET ADDRESS WENDELL NC 27591  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *Monika Holden* / MONIKA HOLDEN 2/25/99 919-365-0381x11  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)