

FILE NOW: FILING FEE AFTER MAY 1 IS \$22.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J69496** (4)

1. Corporation Name
WILMAN INVESTMENTS, INC.



Principal Place of Business Mailing Address
% PAUL R. SILVERMAN
318 N MAIN ST
TRENTON FL 32693

3. Date Incorporated or Qualified **04/23/1987** 3a. Date of Last Report **04/18/1995**

2. Principal Place of Business 2a. Mailing Address
21 **1800 N. MAIN ST** 26 **P.O. BOX 1258**
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number **26-6494492** Applied For Not Applicable

22 **-** 27 **-**
City & State City & State
23 **Gainesville, FL** 28 **TRENTON, FL**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

24 **32605** 25 **USA** 29 **32693** 30 **USA**

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

g. Name and Address of Current Registered Agent
SILVERMAN, PAUL R.
318 N MAIN ST
TRENTON 32693

10. Name and Address of New Registered Agent
81 Name **Paul R. Silverman**
82 Street Address (P.O. Box Number is Not Acceptable) **1800 N. MAIN ST**
83
84 City **Gainesville** FL 85 Zip Code **32605**

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 **Paul Silverman, Registered Agent** DATE **4/3/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <input type="checkbox"/> DELETE	D SILVERMAN, PAUL R.	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	318 N MAIN ST	1.2 NAME
STREET ADDRESS	TRENTON FL	1.3 STREET ADDRESS 1800 N. MAIN ST
CITY - ST - ZIP		1.4 CITY - ST - ZIP Gainesville, FL 32605
TITLE <input type="checkbox"/> DELETE	D WILKOV, NANCY A.	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	318 N MAIN ST	2.2 NAME
STREET ADDRESS	TRENTON FL	2.3 STREET ADDRESS 1800 N. MAIN ST
CITY - ST - ZIP		2.4 CITY - ST - ZIP Gainesville, FL 32605
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY - ST - ZIP		3.4 CITY - ST - ZIP
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY - ST - ZIP		4.4 CITY - ST - ZIP
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: DATE: **4/3/96** DUSTINE PHONE #: **(904) 373-3285**

CR2E034 (12/95)