

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K92232** (3)

1. Corporation Name
WILKINSON PROPERTIES, INC.



Principal Place of Business

**175 W. GRANADA
2ND FLOOR
ORMOND BEACH FL 32174
US**

Mailing Address

**P.O. BOX 4088
ORMOND BEACH FL 32175
US**

3. Date Incorporated or Created 06/01/1989	3a. Date of Last Report 03/17/1995
4. FEI Number 59-3081376	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 198.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Name and Address of New Registered Agent	

2. Principal Place of Business

21 Subst. Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Subst. Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**WILKINSON, RICHARD W.
175 GRANADA BLVD.
2ND FLOOR
ORMOND BEACH FL 32175**

81 Name

82 Street Address (P.O. Box Numbers Not Applicable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 601.02(2) and 601.15(4), 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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 601.05(6), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	WILKINSON, RICHARD W.	
STREET ADDRESS	19 OAKMONT CIRCLE	
CITY-STATE-ZIP	ORMOND BEACH FL 32174	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	HEYSE, LINDA J.	
STREET ADDRESS	175 W. GRANADA BLVD., 2ND FLOOR	
CITY-STATE-ZIP	ORMOND BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	1476 Shadwell Circle
4. CITY-STATE-ZIP	Heathrow FL 32746
5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. STREET ADDRESS	
7. CITY-STATE-ZIP	
8. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. NAME	
10. STREET ADDRESS	
11. CITY-STATE-ZIP	
12. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME	
14. STREET ADDRESS	
15. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied in this form was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this form is part of supplemental annual report to be filed and is complete 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 registered agent 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 in an attached list with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard W. Wilkinson

4/08/96

(904) 673-6965

CR2E034 (12/95)