

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR -7 AM 5:59

DOCUMENT # **P93000057788 (0)**

1. Corporation Name

THE WILKATH MCMILLAN CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

901 SE 10TH STREET
POMPANO BEACH FL 33060

901 SE 10TH STREET
POMPANO BEACH FL 33060

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **08/09/1993** 3a. Date of Last Report **04/27/1994**

2. Principal Place of Business

2a. Mailing Address

21 **401 N.E. Spanish River Blvd** 26

4. FEI Number **098438653 65-0438353**

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

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

23 City & State

28 City & State

6. Election Campaign Financing
Trust Fund Contribution **\$5.00 May Be Added to Fees**

Boca Raton, Florida

29

8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes Yes No

24 Zip

25 Country

29 Zip

30 Country

33431

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TOMPKINS, DARRYL J
2400 E. COMMERCIAL BLVD.
SUITE 620
FORT LAUDERDALE FL 33308**

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 of position)

(NOTE: Registered Agent signature required after reappointment)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	MCMILLAN, KATHLEEN
STREET ADDRESS	901 SE 10TH STREET
CITY, ST, ZIP	POMPANO BEACH FL 33060
TITLE	D
NAME	MCMILLAN, WILLIAM J
STREET ADDRESS	901 SE 10TH STREET
CITY, ST, ZIP	POMPANO BEACH FL 33060
TITLE	D
NAME	LINDROTH, R D
STREET ADDRESS	10 CONFEDERATE DR.
CITY, ST, ZIP	MODOC SC 29838
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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(9)(b), 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 of this report, or on an attachment with an address.

SIGNATURE:

[Handwritten Signature]

Kathleen McMillan

4/3/95 (409) 392-7827

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Signature Required