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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

551639

(8)

WILK, INC.

P.O. BOX 2037

Mailing Address

W. U.S. HIGHWAY 17-92 P.O. BOX 2037 HAINES CITY FL 33844

EO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



941-421-1252 Daytime Prione #

	Y FL 33844	HAINES CITY FL 33	844		3. Date Incorporated or Qualified	3a. Date of		
2. Principal Pla	on of Business	2n Mailing Address-			11/21/1977 4. FEI Number	U2/	07/19	
2. (Inicipal ria 1	CG O: DORIGZZ	2a. Mailing Address			59-1779970		─	upplied For lot Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·	Certificate of Status Desired		8.75	Additional
City & State		City & State			6 Florin Constitution			lequired
]		28			Election Campaign Financing Trust Fund Contribution			May Be to Fees
Ζφ 	Country 25	Zip 29	30 Cour	ntry	B. This corporation has liability for in Florida Statutes		nder s	199.032,
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New R	egistered Age	ent	
E DE(81 Name				
F. DELANE WILKINSON W. U.S. HIGHWAY 17-92 HAINES CITY FL 33844			<u> </u>	82 Street Address (P.O. Box Number is Not Acceptable)				
THUNKS	O CITT FE 33044			83				
				84 City		FL ^{[6}	35 Zip	Code
1. Pursuant to	the provisions of Sections 607,0502	and 607.1508, Florida Statu	tes, the abov	/e named corpor	ration submits this statement for the purp	occo of obono	ng its re	gistered office
or registere	id agent, or both, in the State of Florid i, and accept the obligations of, Section	la. Such change was authoriz	zed by the c	orporation's boa	rd of directors. I hereby accept the appo	intment as reg	istered :	agent. I am
GNATURE		•						
	ignature, systed or printed herrip of registered againt a		OTE: Rogistered	Agent signature require		DATE		
≥. .`	PD OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI	·		
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				REET ADDRESS				
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