

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 688005

**Entity Name:** WILSON MANAGEMENT COMPANY

**Current Principal Place of Business:**

655 NORTH FRANKLIN STREET  
SUITE 2200  
TAMPA, FL 33602

**Current Mailing Address:**

655 NORTH FRANKLIN STREET  
SUITE 2200  
TAMPA, FL 33602

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WILSON, CAROLYN M  
655 N FRANKLIN STREET  
SUITE 2200  
TAMPA, FL 33602 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** CAROLYN M WILSON

02/28/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PTS  
Name           WILSON, CAROLYN M  
Address        655 NORTH FRANKLIN STREET,  
                  SUITE 2200  
City-State-Zip: TAMPA FL 33602

Title           V  
Name           WILSON, ASHLEY  
Address        655 NORTH FRANKLIN STREET,  
                  SUITE 2200  
City-State-Zip: TAMPA FL 33602

Title           V  
Name           WILSON, SCOTT  
Address        655 NORTH FRANKLIN STREET,  
                  SUITE 2200  
City-State-Zip: TAMPA FL 33602

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CAROLYN M. WILSON

PTS

02/28/2014

Electronic Signature of Signing Officer/Director Detail

Date