ANNUAL REPORT 1995

Secretary of State
DIVISION OF CORPORATIONS

FILED
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DIVISION OF CORPORATIONS
95 APR 10 PM 2:47

DOCUMENT # 134644 (4)

1. Corporation Name
R.E. WILKERSON, & CO.

Principal Place of Business	Mailing Address
603 KING STREET P.O. BOX 2220 JACKSONVILLE FL 32204	603 KING STREET P.O. BOX 2220 JACKSONVILLE FL 32204

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/24/1937**
3a. Date of Last Report: **04/28/1994**
4. FEI Number: **59-0510435** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

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

9. Name and Address of Current Registered Agent

TURNER, CHARLES W
603 KING ST
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	TURNER CONNIE M
STREET ADDRESS	603 KING STREET
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	PD
NAME	TURNER, CHARLES W
STREET ADDRESS	603 KING STREET
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	STD
NAME	ROTH, BETTY J
STREET ADDRESS	603 KING STREET
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	VD
NAME	TURNER, CHARLES W
STREET ADDRESS	603 KING ST
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	PD
NAME	Sasman, Russell
STREET ADDRESS	603 King Street
CITY-ST-ZIP	Jacksonville, FL 32204
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	PD	☐ Change ☒ Addition
5.2 NAME	Sasman, Russell	
5.3 STREET ADDRESS	603 King Street	
5.4 CITY-ST-ZIP	Jacksonville, FL 32204	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: [illegible signature] 2-15-94 904 [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #