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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 135386 (1)

1. Corporation Name  
C.R. WILKS INC.



Principal Place of Business

2600 S W 27TH AVE  
MIAMI FL 33133

Mailing Address

2600 S W 27TH AVE  
MIAMI FL 33133

3. Date Incorporated or Qualified 12/02/1937  
3a. Date of Last Report 03/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAYLOR, ROBERT M  
2600 S W 27TH AVE  
MIAMI FL 33133

81

Name MARLENE T. TAYLOR

82

Street Address (P.O. Box Number is Not Acceptable)

83

2600 S.W. 27 AVE

84

City Miami

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

*Marlene T. Taylor*

(Signature of officer or director of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

1/17/96

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD  
TATHAM, THOMAS L  
STREET ADDRESS 2600 S W 27TH AVE  
CITY-STATE-ZIP MIAMI, FL 00000

TITLE ☐ DELETE

NAME SD  
TAYLOR, ROBERT M  
STREET ADDRESS 2600 S W 27TH AVE  
CITY-STATE-ZIP MIAMI, FL 00000

TITLE ☐ DELETE

NAME VD  
TATHAM, BERNICE  
STREET ADDRESS 2600 S W 27TH AVE  
CITY-STATE-ZIP MIAMI, FL 00000

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

SIGNATURE: *Thomas R. Tatham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-96  
Date

305/446-1967  
Daytime Phone #

CR2E034 (12/95)