FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **190331** **(9)**

1. Corporation Name
WILSON, MILLER, BARTON & PEEK, INC.

Principal Place of Business	Mailing Address
3200 BAILEY LANE NAPLES FL 33942	3200 BAILEY LANE NAPLES FL 33942

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/19/1956
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 59-0761871 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22: 200
Suite, Apt. #, etc. — 27: 200
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip — 24; Country — 25
Zip — 29; Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DANCA, GARY L
3200 BAILEY LANE
3200 BAILEY LANE, SUITE 200
NAPLES FL 33942

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City: FL — 95 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE	VD	☐ Change ☒ Addition
NAME	MILLER, RAYMOND W.	1.2 NAME	ALAN D. REYNOLDS	
STREET ADDRESS	313 TURTLE HATCH ROAD	1.3 STREET ADDRESS	5440 12th AVE S.W.	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Naples FL 33999	
TITLE	PD	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	BARTON, WILLIAM L.	2.2 NAME	FERMIN A. DIAZ	
STREET ADDRESS	605 PALM CIRCLE EAST	2.3 STREET ADDRESS	5186 12th AVE. S.W.	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	Naples FL 33999	
TITLE	VD	3.1 TITLE	VD	☐ Change ☒ Addition
NAME	PEEK, THOMAS R.	3.2 NAME	ARLEN D. WHITE	
STREET ADDRESS	90 EAST AVE	3.3 STREET ADDRESS	9002 HUNTINGTON POINTE DR.	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	Sarasota, FL. 34238	
TITLE	VD	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	CHRISTIANSEN, WILBURN M.	4.2 NAME	JOHN E. BOUTWELL	
STREET ADDRESS	98 EAST AVE	4.3 STREET ADDRESS	4760 13th Ave. S.W.	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	Naples FL 33999	
TITLE	VD	5.1 TITLE	VD	☐ Change ☒ Addition
NAME	SCHNEIDER, CLIFFORD H.	5.2 NAME	MICHAEL A. KENNEDY	
STREET ADDRESS	234 TUPELO ROAD	5.3 STREET ADDRESS	6992 CORRAL CIRCLE	
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	Sarasota, FL. 34243	
TITLE	STD	6.1 TITLE	VD	☐ Change ☒ Addition
NAME	DANCA, GARY L.	6.2 NAME	Thomas R. Nichols	
STREET ADDRESS	4145 PINE RIDGE RD EXT	6.3 STREET ADDRESS	6090 Cocos Drive	
CITY-ST-ZIP	NAPLES FL	6.4 CITY-ST-ZIP	Ft. Myers, FL. 33908	

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)(i), 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: Gary L Danca GARY L. DANCA — April 25, 1995 — (813) 649-4046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0326493 CP