

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 26 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 453818

(7)

1. Corporation Name  
CARL M. WILBURN, INC.

Principal Place of Business

1100 VAUGHN RD  
SEBRING FL 33872

Mailing Address

1100 VAUGHN RD  
SEBRING FL 33872-8706

3. Date Incorporated or Qualified  
05/29/1974

3a. Date of Last Report  
02/02/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number  
59-1746720

Applied For  
Not Applicable

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

WILBURN, BETTY, A  
1100 VAUGHN RD  
SEBRING FL 33872

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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME WILBURN, CARL M.  
STREET ADDRESS 1100 VAUGHN RD.  
CITY-ST-ZIP SEBRING FL ☐ DELETE

TITLE S  
NAME WILBURN, BETTY A.  
STREET ADDRESS 1100 VAUGHN RD.  
CITY-ST-ZIP SEBRING FL ☐ DELETE

TITLE D  
NAME WILBURN, REBECCA A  
STREET ADDRESS 1100 VAUGHN ROAD  
CITY-ST-ZIP SEBRING FL ☒ DELETE

TITLE D  
NAME PATERSON, TAMMY A.  
STREET ADDRESS 1232 FOREST ROAD  
CITY-ST-ZIP SEBRING, FL 33872 ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
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 S/D  
2.2 NAME WILBURN, BETTY A.  
2.3 STREET ADDRESS 1100 VAUGHN ROAD  
2.4 CITY-ST-ZIP SEBRING, FL 33872 ☐ Change ☒ Addition

3.1 TITLE  
3.2 NAME DE LE TE  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE D  
4.2 NAME PATERSON, TAMMY A.  
4.3 STREET ADDRESS 1232 FOREST ROAD  
4.4 CITY-ST-ZIP SEBRING, FL 33872 ☐ Change ☒ Addition

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-97

Date

941 385-8418

Daytime Phone #

CR2E034 (9/96)