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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 481693

1. Corporati	ion Name F. WILKINSON JR., P.A.			() A () A (A () A (81871 81911 81811 81811 81911 81871 1881
	v				
Principal Pla	ace of Business	Mailing Address		1 (\$303) 0000 (000) 30030 00310 (0100 1103)	ISANJ DIBIN ATANY BIASI ANAN HIBIN JISAN
641 RIVIERA	BAY DR., NE URG FL 33702	641 RIVIERA BAY DR., NE ST PETERSBURG FL 33702		. ,	
OT TETETION	010 12 00102	or retendono re donce		DO NOT WRITE IN	THIS SPACE
٠				 Date Incorporated or Qualified 08/04/1975 	
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number	Applied For .
21	 	26		59-1606042	Not Applicable
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ate .	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
24	25 Z5	⊢ ' ←	30	 This corporation owes the current year Personal Property Tax. 	ar Intangibie ∰Yes □No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registe	ered Agent
W	LKINSON, JOHN F JR.		81 Name		
JO 641	I RIVIERA BAY DR NE		82 Street Add	ress (P.O. Box Number is Not Acceptable)	-
ST.	PETE FL 33702	•	83	The state of the control of the cont	
•			84 City	1.48. 1.48. (對於) 经未完成股份	■ 85 Zip Code
continto		to the second second	GA City		FL S Zip Code
office or agent. I SIGNATURE	am familiar with, and accept the obligat E Signature, typed or printed name of registered agen	tions of, Section 607.0505, Florid at and title if applicable. (NOTE: F	thorized by the corporate da Statutes. Registered Agent signature require	 	E
agent. I SIGNATURE	am familiar with, and accept the obligate E Signature, typed or printed name of registered egen OFFICERS AN	tions of, Section 607.0505, Florid at and title if applicable. (NOTE: F D DIRECTORS	da Statutes. Registered Agent signature require 13.	od when reinstating) . DAT ADDITIONS/CHANGES TO OFFICER	E S AND DIRECTORS IN 12
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14. I 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 porporation or title received 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 high get, by on all altachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

EDOKKREWIKINSON JR

FILED

Jan 30, 1999 8:00am

Secretary of State

01-30-1999 90008 050 ***150.00

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