

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 654335 (9)

1. Corporation Name

WILKERSON'S, INC.



Principal Place of Business

100 SW 4TH STREET  
MULBERRY FL 33860

Mailing Address

100 SW 4TH STREET  
MULBERRY FL 33860

3. Date Incorporated or Qualified

01/24/1980

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1963207

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

23

28

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

24

29

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILKERSON, BLANDINA D.  
100 SW 4TH STREET  
MULBERRY FL 33860

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 below of registered agent, if the registered agent is not the corporation.

(If the registered agent is the corporation, the signature of the registered agent is not required.)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
WILKERSON, WILLIAM F.  
STREET ADDRESS  
100 SW 4TH ST  
CITY-STATE-ZIP  
MULBERRY FL

TITLE ☐ DELETE

NAME  
WILKERSON, BLANDINA D.  
STREET ADDRESS  
100 SW 4TH ST  
CITY-STATE-ZIP  
MULBERRY FL

TITLE ☐ DELETE

NAME  
SUSAN D. MICHEL  
STREET ADDRESS  
100 SW 4TH ST.  
CITY-STATE-ZIP  
MULBERRY FL

TITLE ☐ DELETE

NAME  
MELISSA D. WILKERSON  
STREET ADDRESS  
100 SW 4TH ST.  
CITY-STATE-ZIP  
MULBERRY FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

2. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

3. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-STATE-ZIP

4. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-STATE-ZIP

5. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-STATE-ZIP

6. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)