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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 654335

(9)

WILKERSON'S, INC.

Principal Place of Business	Mailing Address	
100 SW 4TH STREET MULBERRY FL 33860	100 SW 4TH STREET MULBERRY FL 33860-3049	
MULDERNI FL 93000	MOCDUMIT TE SOCC-5045	l l

2. Principal	Place of Business	2a. Mailing Address				4. FEI Number	T	Applied For		
21		26				59-1963207	Not Applicable			
Suite, Ap	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.7	5 Additional		
27					5. Certificate of Status Desired	Fee	Required			
City & State City & State					6. Election Campaign Financing	\$5.0	00 May Be			
23					Trust Fund Contribution		ed to Fees			
Zip	Country	Zψ	Cour	ntry		8. This corporation has liability for intangible	tax unde	ors 199.032,		
24	24 25 29 30					Florida Statutes				
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
WILKERSON, BLANDINA D.			81	Name						
100 SW 4TH STREET			82 Street Address (P.O. Box Number is Not Acceptable)							
MULBERRY FL 33880			l'	Street Address (F.O. Box Norther is Not Acceptable)						
morpelini i e oooo		ħ	63							
{			[	_						
ł			Į,	84	City	FL	85 Z	Tip 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								a ite registered		
<ol> <li>office or</li> </ol>	registered agent, or both, in the State	of Florida, Such change was	authorized	∤bγ	the corporati	ion's board of directors. I hereby accept the app	oinImont	as registered		
agent. i	am familiar with, and accept the obliga	ations of, Section 607.0505, Fi	iorida Stali	ites	i.			1		
SIGNATURE	Signature, typed or printed name of registered age	as and title if a pairs state. (NO)	11. Dura Intern		of constants south	ed when reinstating) DATE				
12.	OFFICERS ANI		13.	rigor	nt agrange require	ADDITIONS/CHANGES TO OFFICERS AND	DIBECT	ORS IN 12		
TITLE	DPT	DUETE	1110		<del></del>	1,001110110[011111020 10 01110210 11110	Chang			
NAME	WILKERSON, WILLIAM F.	,	1.2 NA		1			,		
STREET ADDRESS	444 454 454 455				ADDRESS					
1	MULBERRY FL				· · · · · · · · · · · · · · · · · · ·			1		
CITY-ST-ZIP	CVS	DELETE	2.1 Tiff		1 · ZiP		Chan	ge Addition		
		[_] BITTE					Chang	ge L Addition (		
NAME	WILKERSON, BLANDINA D.		2.2 NA		1					
STREET ADDRESS			23 STR	ALET A	ADDRESS			1		
CITY-ST-ZIP	MULBERRY FL		2. 4 CH		J - ZiP					
TITLE	AD	[_] DELFTE	3 1 1171				L. Chan	ge L Addition		
NAME	SUSAN D. MICHEL		3.2 NA		{			}		
STREET ADDRESS			3.3 S1F	RET A	ADDRESS			<u> </u>		
CITY-ST-ZIP	MULBERRY FL	- <u>-</u>	3.4. Cli	IY-S	71 - 71P					
TITLE	AVS	☐ DELETE	4 1 117.	1 E			Chang	ge 🗌 Addition		
NAME	MELISSA D. WILKERSON		4. 2 NA	MI				Į.		
STREET ADDRESS			4.3 STF	HEET.	ADDRESS			Į		
CITY-ST-ZIP	MULBERRY FL		4.4 CH	Y-\$1	1 - ZIP					
TITLE		DELETE	5.1 7(1)	LF			Chan	ge Addition		
NAME			5.2 NAI	ME				Į		
STREET ADDRESS	s		5.3 \$1	REEL:	ADDRESS					
CITY-ST-ZIP			5.4 CIT	Y - S1	T- 21P			Ì		
TITLE		DELETE	6 : 10)				Chan	ge Addition		
NAME			6.2 NAI		1					
STREET ADDRESS	, ]		1		ADDRESS			)		
SINCE ADDRESS	° (		0.3 511	NC L 1	wanter 22			Į.		

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 eath; 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

**FILED** 

May 13 1997 8:00am

Secretary of State

3a. Date of Last Report

05/09/1996

3. Date Incorporated or Qualified

01/24/1980