

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 660576 (0)

1. Corporation Name

WILSON FINANCIAL CORPORATION



Principal Place of Business

7800 BELFORT PKY. #100
PO BOX 19030
JACKSONVILLE FL 32247-7529
US

Mailing Address

7800 BELFORT PKY. #100
PO BOX 19030
JACKSONVILLE FL 32247-7529
US

3. Date Incorporated or Qualified
03/25/1980

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

4. FEI Number
59-2006064

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

10. Name and Address of New Registered Agent

KIRSCHNER, MAIN, PETRIE, GRAHAM & TANNER
ONE INDEPENDENT DR
SUITE 2000
JACKSONVILLE FL 32202

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 the corporation

Signature typed or printed name of registered agent and the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	WILSON, J. STEVEN	<input type="checkbox"/> DELETE
NAME		7800 BELFORT PKY, #100	
STREET ADDRESS		JACKSONVILLE FL	
CITY-STATE-ZIP			
TITLE	V	WILSON, COURTNEY SANDS	<input type="checkbox"/> DELETE
NAME		7800 BELFORT PKWY.	
STREET ADDRESS		JACKSONVILLE FL	
CITY-STATE-ZIP			
TITLE	AS	KIRSCHNER, KENNETH M.	<input type="checkbox"/> DELETE
NAME		ONE INDEPENDENT DR #2000	
STREET ADDRESS		JACKSONVILLE FL	
CITY-STATE-ZIP			
TITLE	VT	GILSTRAP, SUZANNE T.	<input checked="" type="checkbox"/> DELETE
NAME		7800 BELFORT PKWY #100	
STREET ADDRESS		JACKSONVILLE FL	
CITY-STATE-ZIP			
TITLE	VP	GRAY, CATHERINE J	<input type="checkbox"/> DELETE
NAME		7800 BELFORT PKWY 100	
STREET ADDRESS		JACKSONVILLE FL	
CITY-STATE-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Edward B. Salem	
1.3 STREET ADDRESS	7800 Belfort Parkway, Ste. 100	
1.4 CITY-STATE-ZIP	Jacksonville, FL 32256	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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. Further, I 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

Catherine J. Gray, Vice President

4/10/96

904/281-2200

Day

Daytime Phone

CR2E034 (12/95)