

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
BUREAU OF CORPORATIONS

1996-1896 B-6972 NC

DOCUMENT # **674081** (5)

1. Corporation Name
WILSON DEVELOPMENT, INC.



Principal Place of Business Mailing Address
995 LONGMEADOW LANE MELBOURNE FL 32940 US

3. Date Incorporated or Qualified **06/19/1980**
3a. Date of Last Report **05/16/1995**
4. FEI Number **59-2002457**
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. 190.01, Florida Statutes Yes No

2. Principal Place of Business
21. State, Apt. #, etc.
22. City & State
23. Zip
24. Country
2a. Mailing Address
26. State, Apt. #, etc.
27. City & State
28. Zip
29. Country
30. Country

9. Name and Address of Current Registered Agent

**WILSON, DAVID L
995 LONGMEADOW LANE
MELBOURNE FL 32940**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code
FL

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. The state accepts the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0603, Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent of the corporation

Signature of the person who is the registered agent of the corporation

Date

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WILSON, DAVID L	
STREET ADDRESS	995 LONGMEADOW LANE	
CITY, ST, ZIP	MELBOURNE, FL 00000	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	WILSON, LINDA F	
STREET ADDRESS	995 LONGMEADOW LANE	
CITY, ST, ZIP	MELBOURNE, FL 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WILSON, DAVID L, JR.	
STREET ADDRESS	995 LONGMEADOW LANE	
CITY, ST, ZIP	MELBOURNE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption statement, Sections 190.01(1) and 190.01(2), Florida Statutes. I further certify that the information provided on this annual report or subsequent annual report is true and accurate and that my signature on this annual report is a true and accurate representation of the information made under oath. If the name of the person who is the registered agent of the corporation or the officer or trustee is not shown on this report as required by Chapter 617, Florida Statutes, and that my name appears on Block 12 or Block 13, I request, or on an attachment, to an address:

SIGNATURE:

DAVID L. WILSON 6-6-96
PRES

CR2E034 (3/96)