

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

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **688005** (8)  
1. Corporation Name  
**WILSON MANAGEMENT COMPANY**

Principal Place of Business <b>6200 COURTNEY CAMPBELL CAUSEWAY SUITE 600 TAMPA FL 33607</b>	Mailing Address <b>6200 COURTNEY CAMPBELL CAUSEWAY SUITE 600 TAMPA FL 33607</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>09/17/1980</b>	
				4. FEI Number <b>59-2027272</b> Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>WILSON, JACK 6200 COURTNEY CAMPBELL CAUSEWAY SUITE 600 TAMPA FL 33607</b>				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City <b>FL</b> 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTD	<input type="checkbox"/> DELETE		1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WILSON, JACK			1.2 NAME	BOWERS, CHRISTOPHER G.		
STREET ADDRESS	6200 COURTNEY CAMPBELL			1.3 STREET ADDRESS	6200 Courtney Campbell Causeway, Ste. 600		
CITY-ST-ZIP	TAMPA, FL. 0			1.4 CITY-ST-ZIP	Tampa, FL 33607		
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WELCH, GARY E			2.2 NAME	NORRIS, MOLLY		
STREET ADDRESS	6200 COURTNEY CAMPBELL			2.3 STREET ADDRESS	6200 Courtney Campbell Causeway, Ste. 600		
CITY-ST-ZIP	TAMPA, FL. 0			2.4 CITY-ST-ZIP	Tampa, FL 33607		
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MITCHELL, STEPHEN J.			3.2 NAME	FOOTE, JERRY		
STREET ADDRESS	ONE TAMPA CITY CENTER			3.3 STREET ADDRESS	6200 Courtney Campbell Causeway, Ste. 600		
CITY-ST-ZIP	TAMPA FL			3.4 CITY-ST-ZIP	Tampa, FL 33607		
TITLE	VS	<input type="checkbox"/> DELETE		4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KOEHLER, DEBRA F.			4.2 NAME	HANERFELD, BARRY		
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY, #600			4.3 STREET ADDRESS	6200 Courtney Campbell Causeway, Ste. 600		
CITY-ST-ZIP	TAMPA FL			4.4 CITY-ST-ZIP	Tampa, FL 33607		
TITLE	V	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FINCH, LARRY J			5.2 NAME			
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY, #600			5.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 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.

Debra F. Koehler  
Senior Vice President

(813) 286-8888

CR2534 (10/97)