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

**PROFIT** CORPORATION **ANNUAL REPORT** 1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 827105

1. Corporation Name
WILSON INDUSTRIES, INC.

(8)

## **FILED** Mar 06 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                           |                                   |                      |                                                                                          |                                  |                                              | UHBER UNUN I | NIBIL EIBIL D | for Disk inst                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-----------------------------------|----------------------|------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------|--------------|---------------|---------------------------------|
| 1301 CONTI STREET 1301 CONTI STREET                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                           |                                   |                      |                                                                                          |                                  |                                              |              |               |                                 |
| HOUSTON TX 77002 HOUSTON TX 77002                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                           |                                   |                      |                                                                                          |                                  | DO NOT MOITE IN THE COACE                    |              |               |                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                           |                                   |                      |                                                                                          |                                  | DO NOT WRITE IN THIS SPACE                   |              |               |                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                           |                                   |                      |                                                                                          |                                  | 3. Date Incorporated or Qualified 11/29/1971 |              |               | 1                               |
| 2. Principal P                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2a. Mailing Address                                       | ailing Address                    |                      |                                                                                          | 4. FEI Number                    |                                              | Т-Т          | Applied For   |                                 |
| 21                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                           | 26                                |                      |                                                                                          |                                  | 74-0989800                                   |              | $\vdash$      | Not Applicable                  |
| Suite, Apt                                                                                                                                                                                                                                                                                                                                                                                                                                                  | #, etc.                                                   | Suite, Apt. #, etc.               |                      |                                                                                          |                                  |                                              |              |               | Additional                      |
| 22                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 27                                                        |                                   |                      |                                                                                          | 5. Certificate of Status Desired | <u> </u>                                     | Fee          | Required      |                                 |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                | e                                                         | City & State                      | <del></del> 1 '      |                                                                                          |                                  | 6. Election Campaign Financing               |              |               | O May Be                        |
| <b>23</b> Zip                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country Zip                                               |                                   |                      | Country                                                                                  |                                  | Trust Fund Contribution                      | <u> </u>     |               | d to Fees                       |
| 24 Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 25 Country                                                | Zip                               | 30                   | riciy                                                                                    |                                  | 8. This corporation owes or has pale         |              |               | Intangible No                   |
| [29]                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 25 29 30  9. Name and Address of Current Registered Agent |                                   |                      | Personal Property Tax due June 30.  Yes No  10. Name and Address of New Registered Agent |                                  |                                              |              |               |                                 |
| СТ                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CORPORATION SYSTEM                                        |                                   |                      | 81                                                                                       | Name                             | 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.      | ,            |               |                                 |
| 1200 S. PINE ISLAND ROAD                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                           |                                   |                      | 82 Street Address (P.O. Box Number is Not Acceptable)                                    |                                  |                                              |              |               |                                 |
| PLANTATION FL 33324                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                           |                                   |                      | 62                                                                                       | Street Addre                     | ess (P.O. Box Number is Not Acceptable       | е)           |               |                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                           |                                   |                      | 83                                                                                       |                                  |                                              |              |               |                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                           |                                   |                      | 84                                                                                       | City                             |                                              |              | 85 Zij        | p Code                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                           |                                   |                      |                                                                                          | •                                |                                              | FL           | 1 1           | ·                               |
| 11. Pursuant to the provisions of Socions 607.0502 and 607.1508, Fiorida 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. |                                                           |                                   |                      |                                                                                          |                                  |                                              |              |               | its registered<br>as registered |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                           |                                   |                      |                                                                                          |                                  |                                              |              |               |                                 |
| Signature, typed or prioted name of registered agent and tide if applicable (NOTE: Ro                                                                                                                                                                                                                                                                                                                                                                       |                                                           |                                   |                      |                                                                                          | ni signature require             | ed when reinstating)                         | DATE         | DIDEOT        | 200 (1) 40                      |
| 12.<br>Title                                                                                                                                                                                                                                                                                                                                                                                                                                                | AR                                                        |                                   | 13.                  |                                                                                          |                                  | ADDITIONS/CHANGES TO OFFICE                  | EHS AND      | Change        |                                 |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                        | WILSON, W.S.                                              | ☐ Meetic                          | 1.0 N                |                                                                                          |                                  |                                              |              | L Onange      | ,                               |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3374 CHEVY CHASE                                          | HEIN CHACE                        |                      |                                                                                          | ADDRESS                          |                                              |              |               |                                 |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                 | HOUSTON TX                                                | NI ICTOM TV                       |                      |                                                                                          | T-ZIP                            |                                              |              |               |                                 |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                       | S                                                         | DELETE                            | 2.130                |                                                                                          | 1-24                             |                                              | <del></del>  | Change        | Addition                        |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                        | kuhn, humberto g.                                         |                                   | 2.2 NAME             |                                                                                          |                                  |                                              |              | _             |                                 |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                              | 8321 WINNINGHAM                                           |                                   | 2.3 STREET ADDRESS   |                                                                                          | ADDRESS                          |                                              |              |               |                                 |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                 | HOUSTON TX                                                |                                   | 2. 4 CITY - ST - ZIP |                                                                                          | 1- ZIP                           |                                              | ٠.           |               |                                 |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                           | D DELETE 3.1                      |                      | LE                                                                                       |                                  |                                              |              | Change        | Addition                        |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                        | BEACH, DWIGHT J                                           |                                   | 3.2 N/               | 3.2 NAME                                                                                 |                                  |                                              |              |               |                                 |
| STREET ADORESS                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                           |                                   | 3.3 S1               | REET                                                                                     | ADDRESS                          |                                              |              |               |                                 |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                 | HOUSTON TX                                                |                                   | 3.4. C               |                                                                                          | T-ZIP                            |                                              |              |               | 1.000                           |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                       | GIST,G W                                                  | T DETELE                          | 4.1 Ti               |                                                                                          |                                  |                                              |              | Change        | Addition                        |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 6159 ELLA LEE                                             |                                   | 4.2 N                |                                                                                          |                                  |                                              |              |               |                                 |
| STREET ADORESS                                                                                                                                                                                                                                                                                                                                                                                                                                              | MOLISTON TV                                               |                                   |                      |                                                                                          | ADDRESS                          |                                              |              |               |                                 |
| CITY-ST-ZIP<br>TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                        | ₩                                                         | DELETE                            | 4.4 CI<br>5.1 TII    |                                                                                          | 1 - ZIP                          |                                              |              | Change        | Addition                        |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                        | BROWN, ROBERT E. JR.                                      |                                   | 5.1 N                |                                                                                          |                                  |                                              |              | Sumific       | - 100000                        |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                              | FACA WINDOONO TOAN C                                      |                                   |                      | 5.3 STREET ADDRESS                                                                       |                                  |                                              |              |               |                                 |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                 | HOHETON TY                                                |                                   |                      | 5.4 CITY-ST-ZIP                                                                          |                                  |                                              |              |               |                                 |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                       | C                                                         | DELETE                            | 6.1 Tr               | _                                                                                        |                                  |                                              |              | Change        | Addition                        |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                        | NELSON, GARY M                                            |                                   | 6.2 NA               | ME                                                                                       | į                                |                                              |              | -             |                                 |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                           |                                   | 6.3 ST               | 6.3 STREET ADDRESS                                                                       |                                  |                                              |              |               |                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                           |                                   | 6.4 CF               | IY-\$1                                                                                   | r-2iP                            |                                              |              |               |                                 |
| 14   hereby c                                                                                                                                                                                                                                                                                                                                                                                                                                               | ertify that the information supplied                      | with this films stops not qualify | for the exe          | mal                                                                                      | ion stated in 6                  | Section 119 07(3)(i) Florida Statutes I fo   | urther ce    | tify that th  | ne information                  |

indicated on this annual report or supplier with this timing does not quality for the exemption stated in Section 119.07(3)(f), Florida Statutes. Turriner certify that the information indicated on this annual report or supplieriental 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.