FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # 837200 (5)

1. Corporation Name

WILDER CORPORATION OF DELAWARE

Principal Place of Business	Mailing Address
3000 GULF TO BAY BLVD 6TH FLOOR CLEARWATER FL 34619 US	3000 GULF TO BAY BLVD 6TH FLOOR CLEARWATER FL 34619 US

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

3. Date Incorporated or Qualified: 10/18/1976

3a. Date of Last Report: 02/11/1994

4. FEI Number: 37-0857520 — Applied For / Not Applicable

5. Certificate of Status Desired [X] — $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

WILDER, M. F.
1800 MCCAULEY ROAD
CLEARWATER FL 34619

10. Name and Address of New Registered Agent

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 617.0502, 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 ____ DATE ____

12. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	WILDER, MAURICE
STREET ADDRESS	1800 MCCAULEY RD
CITY-ST-ZIP	CLEARWATER FL
TITLE	ASD
NAME	MERRELL, THOMAS
STREET ADDRESS	2892 DEER RUN SOUTH
CITY-ST-ZIP	CLEARWATER FL
TITLE	SD
NAME	HENTGES, PATRICIA
STREET ADDRESS	3312 BRIARWOOD CIRCLE
CITY-ST-ZIP	CLEARWATER FL
TITLE	VD
NAME	WILDER, KATHY JO
STREET ADDRESS	1800 MCCAULEY RD
CITY-ST-ZIP	CLEARWATER FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

		Change	Addition
1 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ]	[ ]
2 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ]	[ ]
3 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Patricia Hentges - Delete	[ ]	[ ]
4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ]	[ ]
5 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Peter E. Creighton 8447 Merrimoor Blvd. E. Largo, FL 34647	[ ]	[X]
6 TITLE / NAME / STREET ADDRESS / 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 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.

SIGNATURE: Peter E. Creighton, Executive V.P. 2/2/95 (813) 799-2111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0370374 CP