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Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 837200 (5)
 1. Corporation Name
WILDER CORPORATION OF DELAWARE



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

Mailing Address
**3000 GULF TO BAY BLVD
 8TH FLOOR
 CLEARWATER FL 34619-4304
 US**

3. Date Incorporated or Qualified **10/18/1976** 3a. Date of Last Report **04/06/1996**

4. FEI Number **37-0857520** 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

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc 26. Suite, Apt. #, etc

22. City & State 27. City & State

23. City & State 28. City & State

24. Zip 25. Country 29. Zip 30. Country

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)
3000 Gulf to Bay Blvd., 6th Floor

83

84 City **Clearwater** 85 Zip Code **FL 34619**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PDT <input type="checkbox"/> DELETE
NAME	WILDER, MAURICE
STREET ADDRESS	1800 MCCAULEY RD
CITY - ST - ZIP	CLEARWATER FL
TITLE	ASD <input type="checkbox"/> DELETE
NAME	MERRELL, THOMAS
STREET ADDRESS	2892 DEER RUN SOUTH
CITY - ST - ZIP	CLEARWATER FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	WILDER, KATHY JO
STREET ADDRESS	1800 MCCAULEY RD
CITY - ST - ZIP	CLEARWATER FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	CREIGHTON, PETER
STREET ADDRESS	3000 GULF TO BAY BLVD 6TH FL
CITY - ST - ZIP	CLEARWATER FL 34619
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

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3000 Gulf to Bay Blvd., 6th Floor
1.4 CITY - ST - ZIP	Clearwater, FL 34619
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3000 Gulf to Bay Blvd., 6th Floor
2.4 CITY - ST - ZIP	Clearwater, FL 34619
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VP/D
3.3 STREET ADDRESS	Colby M. Wilder
3.4 CITY - ST - ZIP	3000 Gulf to Bay Blvd., 6th Floor
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Executive VP/AS/D
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *Peter E. Creighton* **Peter E. Creighton** 1/3/97 (813) 799-2111

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

CR2E034 (9/96)