

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 PM 1:45

DOCUMENT # F02302

(0)

1. Corporation Name

THE WILKES CO., INC.

Principal Place of Business

6320 DANNER DRIVE
SARASOTA FL 34240

Mailing Address

6320 DANNER DRIVE
SARASOTA FL 34240

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
10/20/1980

3a. Date of Last Report
01/28/1994

4. FEI Number
36-2611376

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

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILKES, F R
6320 DANNER DRIVE
SARASOTA FL 34240-6399

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 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
NAME

D
WILKES, F.R.
4724 GREENCRAFT RD
SARASOTA FL

1.1 TITLE
1.2 NAME

☐ Change ☐ Addition

STREET ADDRESS
CITY - ST - ZIP

1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE
NAME

DST
WILKES, CLARA L.
4724 GREENCRAFT RD
SARASOTA FL

2.1 TITLE
2.2 NAME

☐ Change ☐ Addition

STREET ADDRESS
CITY - ST - ZIP

2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE
NAME

PD
WILKES, JEFF R.
5111 COUNTRY MEADOWS BD.
SARASOTA FL

3.1 TITLE
3.2 NAME

☐ Change ☐ Addition

STREET ADDRESS
CITY - ST - ZIP

3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME

4.1 TITLE
4.2 NAME

☐ Change ☐ Addition

STREET ADDRESS
CITY - ST - ZIP

4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME

5.1 TITLE
5.2 NAME

☐ Change ☐ Addition

STREET ADDRESS
CITY - ST - ZIP

5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME

6.1 TITLE
6.2 NAME

☐ Change ☐ Addition

STREET ADDRESS
CITY - ST - ZIP

6.3 STREET ADDRESS
6.4 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)(b), 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:

Charal L. Wilkes
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

1-16-95

183-377-0020