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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOC	<b>JMENT</b>	#	F02	302

1. Corporation Name

THE WILKES CO., INC.

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- A Diseas of Punings	Mailing Address	
Principal Place of Business	AREA DANNED DONE	
6320 DANNER DRIVE	6320 DANNER DRIVE	
6320 DANNER DRIVE	SARASOTA FL 34240	
SARASOTA FL 34240	<del></del>	

## **FILED** Feb 03, 1999 8:00am **Secretary of State**

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rincipal Place of		6320 DANNER DRIVE						
20 DANNER DRIV	VE	SARASOTA FL 34240			DO NOT WRITE	IN THIS SPACE		
ARASOTA FL 342	40				3. Date Incorporated or Qualifed			
	,						•	
	4 - 4				10/20/1980		Applied	For
		2a. Mailing Address			4. FEI Number	.  -		ماطعدناء
. Principal Place	e of Business	. 1—3			36-261137 <u>6</u>			Piloabio
ה	· · · <u> </u>	26			<del>                                     </del>		75 Addit	
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City & State	<u> </u>	28			Trust Fund Contribution	- Latongible		
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Zìp	Country	<b>⊢</b> ₁ ' .	30		Personal Property Tax.			
4]	25	29 Agent	1991	_	10. Name and Address of New Re	gisterea Agent		
	9. Name and Address of Curren	t Registered Agent	81	Name	<del></del>			
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			84			FL	<u> </u>	
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AAT Discount to	the provisions of Sections 607.050	02 and 607.1508, Florida Sta	tutes, the abo	v the corporat	tion's board of directors. I hereby accept	t the appointment	it as regio	.0.00
11. Pulsuam u	gistered agent, or both, in the State	of Florida. Such change was	Florida Statute	s.	poration submits this statement for the pation's board of directors. I hereby accept			
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office or re- agent. I am	n familiar with, and accept the obliga	440110 41, 444			<del></del>			
agent. I am			OTE: Registered Ag	ent signature requi				
agent. I am	Standard or printed name of registered age	ent and title if applicable. (N	OTE: Registered Ap	ent signature requi	ADDITIONS/CHANGES TO OFF	FICERS AND DI	RECTORS	IN 12
agent. I am	Standard or printed name of registered age	ent and title if applicable. (N	OTE: Registered Ag	ent signature requi	ADDITIONS/CHANGES TO OFF	FICERS AND DI		
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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 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 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 indicated on, this annual report or supplemental annual report 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, with all other like empowered.