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 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F26235** **(4)**

1. Corporation Name
WILSON (U.S.A.) HOLDING CORPORATION

Principal Place of Business	Mailing Address
8280 COLLEGE PKWY., SUITE 201 FT. MYERS FL 33919-2192	8280 COLLEGE PKWY., SUITE 201 FT. MYERS FL 33919-2192

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/20/1981	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2082213	☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 Street: 8270 COLLEGE PKWY	26 Street: 8270 COLLEGE PKWY
22 Suite, Apt. #, etc.: SUITE 205	27 Suite, Apt. #, etc.: SUITE 205
23 City & State: FT MYERS, FL	28 City & State: FT MYERS, FL
24 Zip: 33919 25 Country: USA	29 Zip: 33919 30 Country: USA

9. Name and Address of Current Registered Agent

WILSON, GEMMA C
8280 COLLEGE PKWY, SUITE 201
FT. MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name: WILSON, GEMMA C.
82 Street Address (P.O. Box Number is Not Acceptable): 8270 COLLEGE PKWY
83: SUITE 205
84 City: FT MYERS FL 85 Zip Code: 33919

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: GEMMA C. WILSON, SECRETARY GCWilson. 3/25/95
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	CD	11 TITLE	CD	☑ Change ☐ Addition
NAME	WILSON, DOUGLAS	12 NAME	WILSON, DOUGLAS	
STREET ADDRESS		13 STREET ADDRESS	8270 COLLEGE PKWY, 205	
CITY-ST-ZIP	FT MYERS FL	14 CITY-ST-ZIP	FT MYERS, FL 33919	
TITLE	S	21 TITLE	S	☑ Change ☐ Addition
NAME	WILSON, GEMMA C.	22 NAME	WILSON, GEMMA C.	
STREET ADDRESS	8280 COLLEGE PKWY 201	23 STREET ADDRESS	8270 COLLEGE PKWY, 205	
CITY-ST-ZIP	FT MYERS FL	24 CITY-ST-ZIP	FT MYERS, FL 33919	
TITLE	DTP	31 TITLE	DTP	☑ Change ☐ Addition
NAME	WILSON, MARK D.	32 NAME	WILSON, MARK D.	
STREET ADDRESS	8280 COLLEGE PKWY 201	33 STREET ADDRESS	8270 COLLEGE PKWY, 205	
CITY-ST-ZIP	FT MYERS FL	34 CITY-ST-ZIP	FT MYERS, FL 33919	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: GEMMA C. WILSON GCWilson. 3/25/95 (813) 489 3112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0323708 CP