

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F26235 (4)

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



Principal Place of Business

82070 COLLEGE PKWY
SUITE 205
FT MYERS FL 33919
US

Mailing Address

8270 COLLEGE PKWY
SUITE 205
FT MYERS FL 33919
US

3. Date Incorporated or Qualified 03/20/1981 3a. Date of Last Report 05/01/1995

2. Principal Place of Business

21 Suit 889 111th Avenue North
22 City Naples, Florida 33963-1805
23 Zip

2a. Mailing Address

26 Suit 889 111th Avenue North
27 City Naples, Florida 33963-1805
28 Zip

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

24 Country US 25 Zip 29 Country US 30

g. Name and Address of Current Registered Agent

WILSON, GEMMA C.
8270 COLLEGE PKWY
SUITE 205
FT MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name
82 Street Address 889 111th Avenue North
83 Naples, Florida 33963-1805
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

Gemma C. Wilson

Gemma C. Wilson

5/18/96

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD
NAME WILSON, DOUGLAS
STREET ADDRESS 8270 COLLEGE PKWY, 205
CITY-ST-ZIP FT MYERS FL

TITLE S
NAME WILSON, GEMMA C.
STREET ADDRESS 8270 COLLEGE PKWY, 205
CITY-ST-ZIP FT MYERS FL

TITLE DTP
NAME WILSON, MARK D.
STREET ADDRESS 8270 COLLEGE PKWY, 205
CITY-ST-ZIP FT. MYERS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition
12 NAME 889 111th Avenue North
13 STREET ADDRESS Naples, Florida 33963-1805
14 CITY-ST-ZIP

21 TITLE ☒ Change ☐ Addition
22 NAME 889 111th Avenue North
23 STREET ADDRESS Naples, Florida 33963-1805
24 CITY-ST-ZIP

31 TITLE ☒ Change ☐ Addition
32 NAME 889 111th Avenue North
33 STREET ADDRESS Naples, Florida 33963-1805
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I 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)(k), 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

5/18/96 (941) 592-1400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (12/95)