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Feb 09, 1999 8:00am
Secretary of State

02-09-1999 90030 033 ****150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F75360

1 Corporation Name
GENE WILSON & ASSOCIATES, INC.

Principal Place of Business 190 ST THOMAS CIRCLE N APOLLO BEACH FL 33572 US	Mailing Address 190 ST THOMAS CIRCLE N APOLLO BEACH FL 33572 US
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2 Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/06/1982	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2172966	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DORRETT, DONALD D 190 ST THOMAS CIRCLE N APOLLO BEACH FL 33572		10. Name and Address of New Registered Agent	
		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	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: DORRETT, DONALD D		1.1 TITLE	
STREET ADDRESS: 190 ST THOMAS CIRCLE NORTH		1.2 NAME	
CITY-ST-ZIP: APOLLO BEACH FL		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.1 TITLE		2.2 NAME	
2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.1 TITLE		3.2 NAME	
3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.1 TITLE		4.2 NAME	
4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.1 TITLE		5.2 NAME	
5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.1 TITLE		6.2 NAME	
6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE: Donald D. Dorrett 1-2-99 813-645-8607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)