

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

**APPROVED
AND
FILED**

95 APR 26 PM 1:46

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Gandra B. Montham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # F93000002481 (0)

1. Corporation Name

WILSON ENGINEERING INVESTIGATIONS, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business

820 N.E. 24TH LANE, SUITE 106
CAPE CORAL FL 33909

Mailing Address

820 N.E. 24TH LANE, SUITE 106
CAPE CORAL FL 33909

After June 1, 1995:

3. Date Incorporated or Qualified

05/24/1993

3a. Date of Last Report

04/27/1994

4. FEI Number

34-1185664

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 13630 Willow Bridge Dr

Suite, Apt. #, etc.

22

City & State

23 N. Ft. Myers, FL

Zip

24 33903

Country

25 USA

2a. Mailing Address

26 13630 Willow Bridge Dr

Suite, Apt. #, etc.

27

City & State

28 N. Ft. Myers, FL

Zip

29 33903

Country

30 USA

9. Name and Address of Current Registered Agent

**WILSON, LAWRENCE F
820 N.E. 24TH LANE, SUITE 106
CAPE CORAL FL 33909**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)
13630 Willow Bridge Dr.

B3

B4 City N. Ft. Myers

FL

B5

Zip Code 33903

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-----------------|------------------------|
| TITLE | PT |
| NAME | WILSON, LAWRENCE F |
| STREET ADDRESS | 13630 WILLOW BRIDGE DR |
| CITY - ST - ZIP | NORTH FT MYERS FL |
| TITLE | VPS |
| NAME | WILSON, MARY J |
| STREET ADDRESS | 13630 WILLOW BRIDGE DR |
| CITY - ST - ZIP | NORTH FT MYERS FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | |
|---------------------|---|
| 1. 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 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 110.07(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: Mary J. Wilson Mary J. Wilson

April 20, 1995 813-772-4646

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Telephone #