

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

FILED  
Mar 24, 1999 8:00 am  
Secretary of State

03-24-1999 90009 047 \*\*\*158.75

DOCUMENT # G01030

1. Corporation Name

WILCOX INVESTMENTS, INC.

Principal Place of Business

563 UNIVERSITY BLVD., NORTH  
JACKSONVILLE FL 32211

Mailing Address

563 UNIVERSITY BLVD., NORTH  
JACKSONVILLE FL 32211

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1982

4. FEI Number

59-2228852

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

2. Principal Place of Business

21 136 WILLIAM BARTRAM DR  
WELAKA, FLORIDA

2a. Mailing Address

26 P.O. BOX 297  
Suite, Apt. #, etc.

City & State

23 WELAKA, FLORIDA

City & State

27 136 WILLIAM BARTRAM DR.  
28 WELAKA, FLORIDA

Zip Country

24 32193 25 USA

Zip Country

29 32193 30 USA

9. Name and Address of Current Registered Agent

WILCOX, C. PAUL  
563 UNIVERSITY BLVD N.  
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

81 Name

C. PAUL WILCOX

82 Street Address (P.O. Box Number is Not Acceptable)

136 WILLIAM BARTRAM DRIVE

83

84 City

WELAKA,

FL

85 Zip Code

32193

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
WILCOX, C PAUL  
563 UNIV BLVD N  
JAX, FL 00000

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
136 WILLIAM BARTRAM DRIVE  
WELAKA, FL 32193

☒ Change

☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-22-99 (904) 467-2863

CR2E034 (1/1/98)