

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G12060 (1)**

1. Corporation Name:
WILSON PRINTING, INC.



Principal Place of Business
**% CARL WILSON
213 AVENUE G. SW
WINTER HAVEN FL 33880**

Mailing Address
**% CARL WILSON
213 AVENUE G. SW
WINTER HAVEN FL 33880**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip County
24 Zip 25 County

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 County 30

3. Date the application or Order filed: **12/06/1982** 3a. Date of Last Report: **02/13/1995**

4. FEI Number: **59-2238994** 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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**WILSON, CARL D.
1317 THOMPSON CIRCLE, NW
WINTER HAVEN FL 33881**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City, State, Zip Code
FL 85

11. Pursuant to the provisions of Sections 607.05(9) and 607.1504, 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 607.05(9), Florida Statutes.

SIGNATURE: *Carl D. Wilson* 4-15-96

12. OFFICERS AND DIRECTORS

12.1	PD WILSON, CARL D 141 LAKE DAISY TERRACE WINTER HAVEN FL	<input type="checkbox"/> DELETE
12.2	STD WILSON, ELOISE S 334 AVE J SE WINTER HAVEN FL	<input type="checkbox"/> DELETE
12.3		<input type="checkbox"/> DELETE
12.4		<input type="checkbox"/> DELETE
12.5		<input type="checkbox"/> DELETE
12.6		<input type="checkbox"/> DELETE
12.7		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	2. NAME	
13.3	3. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.4	4. CITY, STATE, ZIP	
13.5	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6	6. NAME	
13.7	7. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8	8. CITY, STATE, ZIP	
13.9	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10	10. NAME	
13.11	11. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.12	12. CITY, STATE, ZIP	
13.13	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14	14. NAME	
13.15	15. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.16	16. CITY, STATE, 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)(k), Florida Statutes. I further certify that the information included on the various 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 provide this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE: *Carl Wilson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Carl Wilson

4-15-96 / 941-294-2765

CR2E034 (12/95)