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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 1:21

DOCUMENT # G59689 (1)

1. Corporation Name
HAROLD S. WILSON, P.A.

Principal Place of Business	Mailing Address
C/O HAROLD S. WILSON 2380 DREW STREET, #2 CLEARWATER FL 34625	C/O HAROLD S. WILSON 2380 DREW STREET, #2 CLEARWATER FL 34625

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/15/1983
3a. Date of Last Report: 02/22/1994

2. Principal Place of Business	2a. Mailing Address
21 18514 U.S. Hwy. #19 No.	26 18514 U.S. Hwy. #19 No.
Suite, Apt. #, etc. 22 Suite E	Suite, Apt. #, etc. 27 Suite E
City & State 23 Clearwater, FL	City & State 28 Clearwater, FL
Zip / Country 24 34624 / 25 U.S.A.	Zip / Country 29 34624 / 30 U.S.A.

4. FEI Number: 59-2318948 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WILSON, HAROLD S. 2380 DREW STREET, #2 CLEARWATER FL 34625	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 18514 U.S. Hwy. #19 North 83 Suite E 84 City Clearwater FL 85 Zip Code 34624

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☒ Change ☐ Addition
NAME	WILSON, HAROLD S	1.2 NAME		
STREET ADDRESS	2380-B DREW ST	1.3 STREET ADDRESS	18514 U.S. Hwy. #19 North,, Suite E	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Clearwater, FL 34624	
TITLE	T	2.1 TITLE		☒ Change ☐ Addition
NAME	WILSON, HAROLD S	2.2 NAME		
STREET ADDRESS	2380-B DREW ST	2.3 STREET ADDRESS	18514 U.S. Hwy. #19 North, Suite E	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Clearwater, FL 34624	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 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.

SIGNATURE: Harold S Wilson Harold S. Wilson 3/21/95 (813)524-3427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

038048E CP