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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

G82854 **DOCUMENT #**

(2)

1. Corporation Name

WILFORD'S SERVICES, INC- Principal Place of Business Mailing Address								
11445 SAN		11445 SAN JOSE B Jacksonvillle Fl						
TACKSOMAII	LLLE FL 32223	MONOCHARLES LE	. 32223		3. Date Incorporated or Qualified 02/01/1984	3a. Date of 03	Last Report 1/23/1995	
2. Principal Plac	Principal Place of Business 2a. Mailing Add				4. FEI Number	-l	Applied For	
		26				Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$	8.75 Additional Fee Required		
22		City & State			6. Election Campaign Financing		\$5.00 May Be	
City & State		28		1 rust Fund Contribution		Added to Fees		
Zip	Country	Ζφ	Countr	ý	8. This corporation has liability for:	intangible tax u	nder s 199.032,	
24	25	29	30			No		
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New R	legistered Age	ent	
				Name				
WILFORD, DANIEL H. SR.			82	82 Street Address (P.O. Box Number is Not Acceptable)				
11445 SAN JOSE BLVD.			83	1				
JACKS	ONVILLE FL 32223							
			84	City		FL ^{[*}	95 Zip Code	
12.	ignature, typed or printed name of registere Lage : OFFICERS ANI	·	13.		ADDITIONS/CHANGES TO OFF		RECTORS IN 12 Change	
NAME	WILFORD, DANIEL H.		12 NAME					
STREET ADDRESS	11445 SAN JOSE BLVD.		1.3 STREE	L ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY -	ST-ZIP				
TITLE	ST	☐ DELETE	2 1 TITLE				Change 🔲 Addition	
NAME	WILFORD, MARY C.		2.2 NAME					
STREET ADDRESS	11445 SAN JOSE BLVD. JACKSONVILLE FL		1	ET ADDRESS				
CITY -ST - ZIP TITLE	JACKSONVILLE FL	DELETE 3 1		ST-ZIP			Change	
NAME		<u>_</u>	3.2 NAMI			_		
STREET ACCRESS			3.3 STR	FT ADDRESS				
CHTY - ST - ZIP			3.4 City	- S1 - ZiP				
TITLE		DELETE	4 11111	f			Change	
NAME			4.2 NAM					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP		DELETE	4.4 City 5. 1 7 Hz			[]	Change Addition	
TITLE NAME			5 2 NAM	1		 -		
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			5.4 CITY					
TITLE		☐ DELETE	6 1 11/1	r			Change Addition	
NAME			6.2 NAM	f				
STREET ADDRESS			€ 3 S*RE	ET ADDRESS				

6.4 D(1) S1 - 2(P

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 indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under cast; 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:

MANY ON IFRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(AD. Layler Print)