

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H00220

1. Entity Name
W.E. WILCOX CONSTRUCTION COMPANY, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG 28 AM 9:52

Principal Place of Business
267 JOHN KNOX RD.
SUITE 100
TALLAHASSEE, FL 32303 US

Mailing Address
267 JOHN KNOX RD.
SUITE 100
TALLAHASSEE, FL 32303 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07242006 Chg-P CR2E034 (11/05)

4. FEI Number
59-2411180

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILCOX, W. EUGENE
267 JOHN KNOX RD SUITE 100
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

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

FL

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME WILCOX, W. EUGENE
STREET ADDRESS 6986 HEARTLAND CIR
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE ST ☐ Delete
NAME WILCOX, SHARON
STREET ADDRESS 6986 HEARTLAND CIR
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE V ☐ Delete
NAME WILCOX, JAMES E
STREET ADDRESS 7120 TOWNER TRACE
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 3000792386143
CITY-ST-ZIP 08/31/06--01040--024 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME WILCOX, JAMES E.
STREET ADDRESS 267 JOHN KNOX ROAD, SUITE 100
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. E. Wilcox
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-2206
Date Daytime Phone #