

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H32630 (6)

1. Corporation Name

WILSON AUTO WHOLESALE, INC.



Principal Place of Business

6912 S. PINE AVE.
6015 SOUTH EAST HWY. 441
OCALA FL 34480
US

Mailing Address

6912 S. PINE AVE
6015 SOUTH EAST HWY. 441
OCALA FL 34480
US

2. Principal Place of Business

2a. Mailing Address

21 6912 S. Pine Ave

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

3. Date Incorporated or Qualified

12/03/1984

3a. Date of Last Report

04/06/1995

4. FEI Number

59-2473551

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

WELCH, JOHN F.
916 S.E. FORT KING ST.
OCALA FL 32671

81 Name

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

83

84 City

FL

85 Zip Code

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 DP
NAME WILSON, CHARLES KENNETH
STREET ADDRESS 6015 S.E. HWY 441 - 6912 S. PINE AVE
CITY - ST - ZIP Ocala FL 34480

TITLE DST
NAME WILSON, SONDR CAROLE
STREET ADDRESS 6015 S.E. HWY 441 - 6912 S. PINE AVE.
CITY - ST - ZIP Ocala FL 34480

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

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

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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: Charles Kenneth Wilson, PRES.

APRIL 8, 1996

352-622-9121

Date

Daytime Phone #

CP2E034 (12/95)