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Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

6915 SOUTH EAST HWY. 441
6912 S PINE AVENUE
OCALA FL 34480
US

Mailing Address

6915 SOUTH EAST HWY. 441
6912 S PINE AVENUE
OCALA FL 34480-8077
US

3. Date Incorporated or Qualified
12/03/1984

3a. Date of Last Report
04/17/1996

2. Principal Place of Business

21 7175 S. Pine Ave.

2a. Mailing Address

26 Same as # 2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite K

27 Suite K

City & State

City & State

23 Ocala, FL

28 Ocala, FL

Zip

Country

Zip

Country

24 34480

25 US

29 34480

30 US

g. Name and Address of Current Registered Agent

WELCH, JOHN F.
916 S.E. FORT KING ST.
OCALA FL 32871

10. Name and Address of New Registered Agent

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 ☐ DELETE

NAME WILSON, CHARLES KENNETH
STREET ADDRESS 6912 S PINE AVE 7175 S. Pine Ave, St. K
CITY-ST-ZIP Ocala FL 34480

TITLE DST ☐ DELETE

NAME WILSON, SONORA CAROLE
STREET ADDRESS 6912 S PINE AVE 7175 S. Pine Ave, St. K
CITY-ST-ZIP Ocala FL 34480

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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:

Sandra Carole Wilson Sec. - Treas

4/15/97

352-622-9121

CR2E034 (9/96)