## **PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT #

Corporation Name Wilson Design Group, Inc.

462620

FILED Jul 08, 1999 8:00 am **Secretary of State** 

07-08-1999 90017 048 \*\*\*150.00

605542 - 90009 - 39 Mailing Address 2070-3 McGreeper Blvd. Principal Place of Business 2070-3 McGregor Blud. FT Myers, FL 33901 Ft Myers, FL 33901 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 6/18/85 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business 59-2521787 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State 6, Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution Country Zip Country 8. This corporation owes the current year intangible □ No Personal Property Tax. 25 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Edgar Wilson, I 1702 Hill Ave. Street Address (P.O. Box Number is Not Acceptable) Fort Myers, FL 33901 84 City Zip Code 1. 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 rank accept the obligations of, Section 607.0505, Florida Statutes.

IGNATURE IGNATURE ed agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 2. OFFICERS AND DIRECTORS 13, ☐ DELETE Change ☐ Addition 1.1 TITLE 1LE Edgar Wilson, I 1702 Hill Aux CR2E034 1.2 NAME ME. 1.3 STREET ADDRESS REET ADDRESS 1.4 CITY-ST-ZIP Fort Myers F1 33901 7-57-ZP Addition ☐ DELETE Change 21 TITLE Œ Edgar Wilson, II 2070 mcGregor Buch 22 NAME 2.3 STREET ADORESS REET ADDRESS Y-5T-ZIP 2.4 CITY: ST-ZIP\_ DELETE ☐ Change Addition 3.1 TITLE E Kristen Bumgarmer 3.2 NAME 2070 Mcbrigger Blivd EET ADDRESS 3.3 STREET ADDRESS For+ My ers F1 33901 (ST-ZIP 3.4. CITY-ST-ZIP Change Addition DELETE 4,1 TITLE 4.2 NAME 4.3 STREET ADORESS EET ADDRESS 4.4 CITY-ST-ZIP -ST-ZIP DELETE ☐ Change ☐ Addktion S.1 TITLE 5.2 NAME Ε 5.3 STREET ADDRESS **EET ADDRESS** 5.4 CITY-ST-ZIP ST ZIP DELETE 6.1 TITLE Change Addition 6.2 NAME 6.3 STREET ADDRESS ET ADDRESS 6.4 CITY-ST-ZIP ST-ZIP

I 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, with all other like empowered.

GNATURE:

TYPE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR