

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

1995 MAY -1 PM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J45160 (5)

1. Corporation Name

WILHELM ASSOCIATES, INC.

Principal Place of Business

Mailing Address

111 EAST LAKEVIEW STREET
P.O. BOX 390
UMATILLA FL 32784

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P.O. BOX 390
UMATILLA FL 32784

200001471792

-05/02/95--01153--007

DO NOT WRITE IN THESE SPACES *****200.00*****

3. Date Incorporated or Qualified

3a. Date of Last Report

12/02/1986

08/08/1994

4. FEI Number

Applied For

59-2744245

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILHELM, CONSTANCE
111 EAST LAKEVIEW STREET
UMATILLA FL 32784**

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 the filer (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	WILHELM, CONSTANCE
STREET ADDRESS	111 EAST LAKEVIEW STREET
CITY- ST- ZIP	UMATILLA FL
TITLE	VT
NAME	WILHELM, EDWARD
STREET ADDRESS	111 EAST LAKEVIEW STREET
CITY- ST- ZIP	UMATILLA FL
TITLE	S
NAME	WILHELM, RICHARD D.
STREET ADDRESS	111 EAST LAKEVIEW STREET
CITY- ST- ZIP	UMATILLA FL
TITLE	V
NAME	WILHELM, WILLIAM C.
STREET ADDRESS	402 GORNTON RD.
CITY- ST- ZIP	VALDOSTA GA
TITLE	V
NAME	ZEBRO, SHARON
STREET ADDRESS	940 LARCHMONT CRESCENT
CITY- ST- ZIP	NORFOLK VA
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

Constance Wilhelm
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/95 904-669-2202
DATE AND TELEPHONE NUMBER