

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # J45160 (5)
1. Corporation Name
WILHELM ASSOCIATES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 111 EAST LAKEVIEW STREET P.O. BOX 390 UMATILLA FL 32784		Mailing Address 111 EAST LAKEVIEW STREET P.O. BOX 390 UMATILLA FL 32784	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 12/02/1986		4. FEI Number 59-2744245	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent WILHELM, CONSTANCE 111 EAST LAKEVIEW STREET UMATILLA FL 32784		10. Name and Address of New Registered Agent 81 Name RICHARD D. WILHELM 82 Street Address (P.O. Box Number is Not Acceptable) 111 E. LAKEVIEW ST 83 84 City UMATILLA FL 85 Zip Code 32784	
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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 RICHARD D. WILHELM RICHARD D. WILHELM 2-5-98
(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILHELM, EDWARD	1.2 NAME	
STREET ADDRESS	111 EAST LAKEVIEW STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	UMATILLA FL	1.4 CITY-ST-ZIP	
TITLE	TS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILHELM, RICHARD D.	2.2 NAME	
STREET ADDRESS	111 EAST LAKEVIEW STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	UMATILLA FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILHELM, WILLIAM C.	3.2 NAME	
STREET ADDRESS	355 WAGON WHEEL TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	THOMASVILLE GA	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEBRO, SHARON	4.2 NAME	
STREET ADDRESS	940 LARCHMONT CRESCENT	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORFOLK VA	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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.

SIGNATURE RICHARD D. WILHELM RICHARD D. WILHELM 2-5-98 353160 2202

CR2E034 (10/97)