

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J47967

(1)

1. Corporation Name

WILDER FINANCE CORPORATION

Principal Place of Business

% MAURICE F. WILDER  
3000 GULF TO BAY BLVD., 6TH FLOOR  
CLEARWATER FL 34619

Mailing Address

% MAURICE F. WILDER  
3000 GULF TO BAY BLVD., 6TH FLOOR  
CLEARWATER FL 34619

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

WILDER, MAURICE F.  
3000 GULF TO BAY 6TH FLOOR  
CLEARWATER FL 34619

3. Date Incorporated or Qualified  
12/15/1986

3a. Date of Last Report  
04/27/1995

4. FEI Number

59-2753009

Applied For

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

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 607.0622 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

Signature to be printed in full below and typed in full.

Signature to be typed in full below and printed in full.

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME               | STREET ADDRESS       | CITY-ST-ZIP   | DELETE                   |
|-------|--------------------|----------------------|---------------|--------------------------|
| ASD   | MERRELL, THOMAS L. | 2892 DEER RUN S.     | CLEARWATER FL | <input type="checkbox"/> |
| PDT   | WILDER, MAURICE F. | 1800 MCCAULEY RD.    | CLEARWATER FL | <input type="checkbox"/> |
| DVP   | WILDER, KATHY JO   | 1800 MCCAULEY RD.    | CLEARWATER FL | <input type="checkbox"/> |
| VD    | CREIGHTON, PETER E | 8447 MERRIMOR BLVD E | LARGO FL      | <input type="checkbox"/> |
|       |                    |                      |               | <input type="checkbox"/> |
|       |                    |                      |               | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE                   | CHANGE                   | ADDITION                 |
|-------|------|----------------|-------------|--------------------------|--------------------------|--------------------------|
| 1     |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2     |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3     |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4     |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5     |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6     |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7     |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8     |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9     |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10    |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11    |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12    |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13    |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14    |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15    |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16    |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17    |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| 99    |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 100   |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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, director, or 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, unchanged, or on an attached sheet with an address.

SIGNATURE:

Peter E. Creighton, Executive V.P.  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96

(813) 799-2111

56-47-6-46

CR2E034 (12/95)