

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J92604** (4)

1. Corporation Name

BENWIL, INCORPORATED



Principal Place of Business

Mailing Address

% CHARLENE CONNER WILKINS
604 CASTLEBERRY CT
JACKSONVILLE FL 32259

% CHARLENE CONNER WILKINS
604 CASTLEBERRY CT
JACKSONVILLE FL 32259

2. Principal Place of Business

2a. Mailing Address

21 **6920 Phillips Industrial Blvd.**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 **Jacksonville, FL**

28 City & State

24 **32256** 25 **Duval**

29 **32256** 30 **Duval**

3. Date Incorporated or Qualified
09/08/1987

3a. Date of Last Report
02/22/1995

4. FEI Number
59-2841457

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILKINS, CHARLENE CONNER
604 CASTLEBERRY CT
JACKSONVILLE FL 32259**

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 required for principal place of business and mailing address (if changed) (if not changed, no signature required)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **WILKINS, CHARLENE CONNER**
CITY-STATE-ZIP **604 CASTLEBERRY CT**
JACKSONVILLE FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME **ST**
STREET ADDRESS **BENIS, JOHN GREGORY**
CITY-STATE-ZIP **179 CHRISTOPHER ST**
NEW YORK NY

1.2 NAME

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.3 STREET ADDRESS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charlene C. Wilkins

2/09/96

904/260-4470

Date

Daytime Phone #

CR2E034 (12/95)