

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 JUN 23 AM 8:39

**DOCUMENT # K30661 (8)**

1. Corporation Name

**DAVID B. WILSON AND ASSOCIATES, INC.**

Principal Place of Business

4625 HIDDEN FOREST DR  
 SARASOTA FL 34235

Mailing Address

4625 HIDDEN FOREST DR  
 SARASOTA FL 34235

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1988

3a. Date of Last Report

06/16/1994

4. FEI Number

65-0065422

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**WILSON, LAURIE E.**  
**4625 HIDDEN FOREST DR.**  
**SARASOTA FL 34235**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

**FL**

B5 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 title (applicant)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

**D**  
**WILSON, LAURIE E.**  
**4625 HIDDEN FOREST DR**  
**SARASOTA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE  
 1 2 NAME  
 1 3 STREET ADDRESS  
 1 4 CITY - ST - ZIP

Change  Addition

2 1 TITLE  
 2 2 NAME  
 2 3 STREET ADDRESS  
 2 4 CITY - ST - ZIP

Change  Addition

3 1 TITLE  
 3 2 NAME  
 3 3 STREET ADDRESS  
 3 4 CITY - ST - ZIP

Change  Addition

4 1 TITLE  
 4 2 NAME  
 4 3 STREET ADDRESS  
 4 4 CITY - ST - ZIP

Change  Addition

5 1 TITLE  
 5 2 NAME  
 5 3 STREET ADDRESS  
 5 4 CITY - ST - ZIP

Change  Addition

6 1 TITLE  
 6 2 NAME  
 6 3 STREET ADDRESS  
 6 4 CITY - ST - ZIP

Change  Addition

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(2)(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

*Laurie E. Wilson* LAURIE E. WILSON

6/20/95

941-351-3921

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CF2E034 (3/95)