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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K51594

(5)

WILK INTERNATIONAL, INC.

FILED Feb 04 1997 8:00am Secretary of State

BING CHILDRE CHAR CLUI	

Principal Place of Business Mailing Address 2900 EMERSON EXPRESSWAY 2900 EMERSON EXPRESSWAY P. O. BOX 48220 P. O. BOX 48220 JACKSONVILLE FL 32247-5220 JACKSONVILLE FL 32247-8220								
		P. O. BOX	2900 EMERSON EXPRESSWAY P. O. BOX 48220					
US		U\$				3. Date Incorporated or Qualified 12/15/1988	3a. Date of Last 01/26/199	
2. Principal P	lace of Business	2a. Mailing a	Address			4. FEI Number 59-2921548		Applied For Not Applicable
Suite, Apt	#, etc	Suite, Ap	ot. #, etc.			Certificate of Status Desired	□ \$8.7 5	Additional
City & Stat	· · · · · · · · · · · · · · · · · · ·	27 City & S	tate		, , , , , , , , , , , , , , , , , , , 	6. Election Campaign Financing		Required
23		28			Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zφ	Country	Ζιρ	_	Count	ry	8. This corporation has liability for it	ntangible tax under Yes 🏻 No	s 199.032,
24	25 9. Name and Address of Curr	29 rent Registered Ag	ent 30	0]		Florida Statutes 10. Name and Address of New Reg		
CL	ANCE, WAYNE D.			8	1 Name			,
16	34 BLANDING BLVD			a	2 Street Add	1k James H.	le)	
JA	CKSONVILLE FL 32210			L		OU Emerson Expres	sway	
				6	3			
				8	4 City		85 Zi	p Code
11 Purcuant	to the provisions of Sections 602	202 and 607 1508	Elorida Statutes	the abo	Ja Denement corr	cksonville, poration submits this statement for the p tion's board of directors. I hereby accep	urnose of changing	32207 Lifs registered
office or t	registered agent, or both, in	ite of Florida Such	change was aut	horized	by the corporat	tion's board of directors. I hereby accep	t the appointment	as registered
SIGNATURE	un ramiliar vir.ii, and accompany vi	ilgations of Section	James I		.cs.		1-28.97	
		agent and title it applicable	INOTE	Registered A	igent signature requir	red when reinstaling)	DATE	
12.	OFFICERS /	AND DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	WILK, JAMES H.	L	DELETE	1.1 11111			Chang	e
NAME STREET ADDRESS	2900 EMERSON EXPWY.			1.2 NAM	ET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			1	-ST-ZIP			
TITLE	D	Ţ	DELETE	2.1 TITLI			☐ Chang	Additio
NAME	WILK, JOHN J.			2.2 NAM	E			
STREET ADDRESS	2900 EMERSON EXPWY.			2.3 STRE	ET ADDRESS			
CITY+ST-7IP	JACKSONVILLE FL				1-57-ZIP	W		
TITL(ι	DELETE	3.1 TITLE			L. Chang	e LJ Addition
NAME PROTECT ADDRESS				3.2 NAM				
STREET ADDRESS CITY+ST-7IP				•	ET ADDRESS (-ST-ZIP			
THLE			DELETE	4.1 TITLE			Chang	e Addition
NAVE				4. 2 NAN	ne]		•	
STREET ADDRESS			•	4.3 STRE	EET ADDRESS			
CITY - S1 - ZIP				4.4 CITY	- ST - ZIP			
TITLE			DELETE	5 1 TITLI	1		Chang	e Addition
NAME				52 NAM	i			
STREET ADDRESS					ET ADDRESS			
CHTY+ST+ZIP THTUF			DELETE	5 4 C/TY 6 1 TITL	-ST-ZIP		Chang	e Addition
NAME		L	- DEFERE	62 NAM			L Sharig	. <u> </u>
STREET ADDRESS				1	ET ADDRESS			
CITY-ST-7.P					- ST- ZIP			
	ļ					1) A 1: 440 07(0)() Elid- 0: 1		

14. If do hereby certify that the information supplied with this filling 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 axis injent with an address.

SIGNATURE:

James H. Wilk, P.

1-28-97

(904) 346-3550