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

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 AUG -8 AM 10:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **K78945** **(8)**

1. Corporation Name

A. WILSON ENTERPRISE, INC.

Principal Place of Business	Mailing Address
%BEVERLY WILSON	%BEVERLY WILSON
~~4805 ALT 19 UNIT 415~~	~~4805 ALT 19 UNIT 415~~
~~PALM HARBOR FL 34683~~	~~PALM HARBOR FL 34683~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/10/1989
3a. Date of Last Report: 05/23/1994

2. Principal Place of Business	2a. Mailing Address
21 513 Crystal Beach Ave.	26 P.O. Box 95
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Crystal Beach, Fl	28 City & State: Crystal Beach, Fl
24 Zip: 34681 25 County: Pinellas	29 Zip: 34681 30 County: Pinellas

4. FEI Number: 59-2941290 ☐ 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

WILSON, BEVERLY
~~4805 ALT 19 UNIT 416~~ P.O. Box 95
~~PALM HARBOR FL 34683~~ Crystal Beach, Fl 34681

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 607.0502 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: Beverly Wilson (Name and title if applicable) (ADD: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTS	11 TITLE	☐ Change ☐ Addition
NAME	WILSON, BEVERLY	12 NAME	
STREET ADDRESS	~~4805 ALT 19 UNIT 416~~ P.O. Box 95	13 STREET ADDRESS	
CITY ST ZIP	~~PALM HARBOR FL 34683~~ Crystal Bch,Fl	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	WILSON, AMELIA	22 NAME	
STREET ADDRESS	~~4805 ALT 19 UNIT 415~~ P.O. Box 95	23 STREET ADDRESS	
CITY ST ZIP	~~PALM HARBOR FL 34683~~ Crystal Bch,Fl	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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)(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: Beverly Wilson (Signature of or typed or printed name of person signing) 7-25-95 (Date) 813-784-7019 (Daytime Phone #)

0160443 PP