

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K98730** (0)

1. Corporation Name

WILKINSON AUCTION AND ESTATE LIQUIDATORS, INC.



Principal Place of Business

Mailing Address

**24329 SR 26
% TONI WILKINSON, P.O. BOX 1180
SORRENTO FL 32776**

**24329 SR 26
% TONI WILKINSON, P.O. BOX 1180
SORRENTO FL 32776**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**WILKINSON, TONI
24329 SR 46
SORRENTO FL 32776**

3. Date Incorporated or Qualified

06/28/1989

3a. Date of Last Report

01/27/1995

4. FET Number

59-2958742

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 607.0502 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 of Registered Agent or New Registered Agent

Signature of Agent or New Registered Agent

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME	P WILKINSON, TONI	☐ DELETE
12.2 STREET ADDRESS	24329 SR 46	
12.3 CITY, ST, ZIP	SORRENTO FL	
12.4 TITLE	VP	☐ DELETE
12.5 NAME	WILKINSON, JAMES H., JR.	
12.6 STREET ADDRESS	24329 SR 46	
12.7 CITY, ST, ZIP	SORRENTO FL	
12.8 TITLE		☐ DELETE
12.9 NAME		
12.10 STREET ADDRESS		
12.11 CITY, ST, ZIP		
12.12 TITLE		☐ DELETE
12.13 NAME		
12.14 STREET ADDRESS		
12.15 CITY, ST, ZIP		
12.16 TITLE		☐ DELETE
12.17 NAME		
12.18 STREET ADDRESS		
12.19 CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	☐ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	
13.5 TITLE	☐ Change ☐ Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	
13.9 TITLE	☐ Change ☐ Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	
13.13 TITLE	☐ Change ☐ Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST, ZIP	
13.17 TITLE	☐ Change ☐ Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY, ST, 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. 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: *Toni Wilkinson* **TONI WILKINSON** 2-2-96 904-383-2282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr Phone #

CR2E034 (12/95)