FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Jan 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **L02207** **(3)**

1. Corporation Name
R.A. WILHELM, INC.

Principal Place of Business	Mailing Address
4610 47TH WAY NORTH ST. PETERSBURG FL 33714	4610 47TH WAY NORTH ST. PETERSBURG FL 33714-2826

3. Date Incorporated or Qualified: 07/14/1989
3a. Date of Last Report: 06/17/1996

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

4. FEI Number: 59-2958738 ☐ 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

~~RICHARDS, LIZ~~
~~5464 1ST AVE NORTH~~
~~ST PETERSBURG FL 33710~~

10. Name and Address of New Registered Agent

81 Name: Ted Sharp
82 Street Address (P.O. Box Number is Not Acceptable): 5111 66th St N # 403
83
84 City: St Pete **FL** 85 Zip Code: 33709

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: Ted Sharp — DATE: 1/10/97
Signature of or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WILHELM, ROBERT A.		1.2 NAME		
STREET ADDRESS	4610 47TH WAY NORTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33714		1.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WILHELM, SHARON		2.2 NAME		
STREET ADDRESS	~~4610 47TH WAY NORTH~~		2.3 STREET ADDRESS		
CITY-ST-ZIP	~~ST. PETERSBURG FL 33714~~		2.4 CITY-ST-ZIP		
TITLE	Secretary	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	Frederick J. Loske		3.2 NAME		
STREET ADDRESS	4612 Iris Street North		3.3 STREET ADDRESS		
CITY-ST-ZIP	St Pete., Fl 33714		3.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	Martin McLauchlin		4.2 NAME		
STREET ADDRESS	4651 41st Avenue North		4.3 STREET ADDRESS		
CITY-ST-ZIP	St Pete., Fl 33714		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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: [illegible] REQUIRED — 1/14/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #