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**Apr 09 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L17778 (6)

1. Corporation Name
G. M. WILSON, INC.

Principal Place of Business 3676 STIRLING DRIVE TALLAHASSEE FL 32308	Mailing Address 3676 STIRLING DRIVE TALLAHASSEE FL 32308
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 13915 Raulerson Rd. Suite, Apt. #, etc.	2a. Mailing Address 26 14431 S.W. 168 Terrace Suite, Apt. #, etc.
22 City & State 23 Riverview, Florida	27 City & State 28 Miami, Florida
24 Zip 33569 25 Country USA	29 Zip 33177 30 Country USA

3. Date Incorporated or Qualified 09/22/1989	4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**WILSON, GENANNE
3676 STIRLING DR.
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent

81 Name Gene Michael Wilson
82 Street Address (P.O. Box Number is Not Acceptable) 13915 Raulerson Road
83
84 City Riverview 85 Zip Code FL 33569

11. Pursuant to the provisions of Sections 607.06-02 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 *Gene Michael Wilson* **Gene Michael Wilson** **March 15, 1998**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PVD	NAME WILSON, GENE M	1.1 TITLE STD	1.2 NAME Lejarza, Yaneth
STREET ADDRESS 3676 STIRLING DR.	CITY-ST-ZIP TALLAHASSEE FL	1.3 STREET ADDRESS 13915 Raulerson Rd.	1.4 CITY-ST-ZIP Riverview, Fl. 33569
TITLE STD	NAME FRANKS, JAY	2.1 TITLE PVD	2.2 NAME Wilson, Gene M.
STREET ADDRESS 3676 STIRLING DR.	CITY-ST-ZIP TALLAHASSEE FL	2.3 STREET ADDRESS 13915 Raulerson Rd.	2.4 CITY-ST-ZIP Riverview, Fl. 33569
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS	CITY-ST-ZIP	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I 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: *Gene Michael Wilson* **Gene Michael Wilson 3-15-98** **011 502-6345967**

CR2E034 (10/97)