

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # L72260 (7)

1. Corporation Name

ALLAN WILSON AND ASSOCIATES, INC.



Principal Place of Business

Mailing Address

5601 CYPRESS HOLLOW WAY  
NAPLES FL 33942  
US

5601 CYPRESS HOLLOW WAY  
NAPLES FL 33942  
US

3. Date Incorporated or Qualified  
05/09/1990

3a. Date of Last Report  
08/11/1995

2. Principal Place of Business

2a. Mailing Address

21

26 5601 Cypress Hollow Way

4. FEI Number

65-0206040

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

23 City & State

28 City & State

Naples, FL

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24 Zip

Country

29 Zip

Country

33942

U.S.A.

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILSON, ALLAN  
2590 GOLDEN GATE PARKWAY  
SUITE 105  
NAPLES FL 33942

81 Name

WILSON, ALLAN

82 Street Address (P.O. Box Number is Not Acceptable)

5601 Cypress Hollow Way

83

Naples

84 City

NAPLES

FL

85 Zip Code

33942

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

*ALLAN WILSON* PRES. ALLAN WILSON

4.17.96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSD ☐ DELETE

NAME WILSON, ALLAN  
STREET ADDRESS 2590 GOLDEN GATE PARKWAY, SUITE 105  
CITY-ST-ZIP NAPLES FL

TITLE VTD ☐ DELETE

NAME WILSON, ANNE  
STREET ADDRESS 2590 GOLDEN GATE PARKWAY, SUITE 105  
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PSD

WILSON, ALLAN  
5601 CYPRESS HOLLOW WAY  
NAPLES, FL 33942

VTD

WILSON, ANNE  
5601 CYPRESS HOLLOW WAY  
NAPLES, FL 33942

Change

Addition

Change

Addition

Change

Addition

Change

Addition

Change

Addition

Change

Addition

Change

Addition

Change

Addition

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; 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:

*ALLAN WILSON* ALLAN WILSON, PRES.

4.17.96

941-566-9413

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE

CR2E034 (12/95)