

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L75604** (3)

1. Corporation Name  
**A B WILK AND SON, INC.**



Principal Place of Business: **1801 GULF TO BAY BLVD. CLEARWATER FL 34625 US**  
Mailing Address: **1801 GULF TO BAY BLVD. CLEARWATER FL 34625 US**

2. Principal Place of Business: **21 1452 COURT STREET**  
22 City & State:  
23 Zip: **34616-6160** Country: **USA**  
24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00

3. Date Incorporated or Qualified: **05/21/1990**  
3a. Date of Last Report: **01/19/1995**  
4. FEI Number: **59-3008804**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**  
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent: **WILKINSON, G. BARRY 696 1ST AVENUE NORTH, SUITE 201 ST. PETERSBURG FL 33701**  
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 607.1608, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0405, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>DS</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>WILKINSON, G. BARRY</b>		2.2 NAME	
STREET ADDRESS: <b>16107 6TH ST E</b>		13. STREET ADDRESS	
CITY-STATE: <b>REDINGTON BCH FL</b>		14. CITY-STATE-ZIP	
TITLE: <b>DP</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>WILKINSON, GREGORY T.</b>		2.2 NAME	
STREET ADDRESS: <b>530 NORTH GLENWOOD</b>		2.3 STREET ADDRESS	
CITY-STATE-ZIP: <b>NO. MUSKEGON MI</b>		2.4 CITY-STATE-ZIP	
TITLE: <b>DVPT</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>WILKINSON, JULIE E B</b>		3.2 NAME	
STREET ADDRESS: <b>16107 6TH ST E</b>		3.3 STREET ADDRESS	
CITY-STATE: <b>REDINGTON BCH FL</b>		3.4 CITY-STATE-ZIP	
TITLE: <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>WILKINSON, DEBRA</b>		4.2 NAME	
STREET ADDRESS: <b>530 NORTH GLENWOOD</b>		4.3 STREET ADDRESS	
CITY-STATE-ZIP: <b>NORTH MUSKEGON MI</b>		4.4 CITY-STATE-ZIP	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS	
CITY-STATE-ZIP:		5.4 CITY-STATE-ZIP	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY-STATE-ZIP:		6.4 CITY-STATE-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, that I am an officer or director of the corporation or the trustee 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: *Julie Wilkinson* **Julie Wilkinson** 1/31/96 813-461-7889  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (12/95)