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**Jan 21 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 # L75604 (3)
1. Corporation Name
A B WILK AND SON, INC.



Principal Place of Business: **1452 COURT STREET CLEARWATER FL 34616-6160 US**
Mailing Address: **1452 COURT STREET CLEARWATER FL 34616-6160 US**

3. Date Incorporated or Qualified: **05/21/1990**
3a. Date of Last Report: **02/07/1996**

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: **59-3006804**
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
**WILKINSON, G. BARRY
696 1ST AVENUE NORTH, SUITE 201
ST. PETERSBURG FL 33701**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	WILKINSON, G. BARRY	
STREET ADDRESS	16107 6TH ST E	
CITY - ST - ZIP	REDINGTON BCH FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	WILKINSON, GREGORY T.	
STREET ADDRESS	530 NORTH GLENWOOD	
CITY - ST - ZIP	NO. MUSKEGON MI	
TITLE	DVPT	<input type="checkbox"/> DELETE
NAME	WILKINSON, JULIE E B	
STREET ADDRESS	16107 6TH ST E	
CITY - ST - ZIP	REDINGTON BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILKINSON, DEBRA	
STREET ADDRESS	530 NORTH GLENWOOD	
CITY - ST - ZIP	NORTH MUSKEGON MI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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: *[Signature]* **1/13/97** **813-461-7889**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (9/96)