

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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 Mailing Address
1452 COURT STREET 1452 COURT STREET
CLEARWATER FL 34616-6160 CLEARWATER FL 34616-6160
US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
30		31	

3. Date Incorporated or Qualified 05/21/1990	
4. FEI Number 59-3008804	Applied For Not Applicable
5. Certificate of Status Desired <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WILKINSON, G. BARRY 698 1ST AVENUE NORTH, SUITE 201 ST. PETERSBURG FL 33701		10. Name and Address of New Registered Agent	
81	Name Julie Wilkinson	82	Street Address (P.O. Box Number is Not Acceptable) 1452 Court Street
83		84	City Clearwater
85	Zip Code 33756		

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 *Julie Wilkinson* (NOTE: Registered Agent signature required when reinstating) DATE 1/4/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKINSON, G. BARRY	1.2 NAME	
STREET ADDRESS	16107 6TH ST E	1.3 STREET ADDRESS	
CITY-ST-ZIP	REDINGTON BCH FL	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKINSON, GREGORY T.	2.2 NAME	
STREET ADDRESS	530 NORTH GLENWOOD	2.3 STREET ADDRESS	
CITY-ST-ZIP	NO. MUSKEGON MI	2.4 CITY-ST-ZIP	
TITLE	DVPT <input type="checkbox"/> DELETE	3.1 TITLE	DVPTS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKINSON, JULIE E B	3.2 NAME	Julie E B Wilkinson
STREET ADDRESS	16107 6TH ST E	3.3 STREET ADDRESS	744 Woodland Dr.
CITY-ST-ZIP	REDINGTON BCH FL	3.4 CITY-ST-ZIP	Largo FL 33771
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKINSON, DEBRA	4.2 NAME	
STREET ADDRESS	530 NORTH GLENWOOD	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MUSKEGON MI	4.4 CITY-ST-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-ST-ZIP		5.4 CITY-ST-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-ST-ZIP		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 *Julie Wilkinson* DATE 1/11/98

CR2E034 (10/97)