

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
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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
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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
25. Zip 33756	30. Country

3. Date Incorporated or Qualified 05/21/1990	
4. FEI Number 59-3008804	Applied For <input type="checkbox"/> 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. City Clearwater	
84. State FL	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 VP* DATE **1/4/98**

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	DVPTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Julie E B Wilkinson		
3.3 STREET ADDRESS	744 woodland Dr.		
3.4 CITY-ST-ZIP	Largo FL 33771		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
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 *Julie Wilkinson VP* DATE **1/11/98**

CR2E034 (10/97)