

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90118 041 \*\*\*150.00

DOCUMENT # **L75604**

1. Corporation Name

**A B WILK AND SON, INC.**

Principal Place of Business

**1452 COURT STREET  
CLEARWATER FL 33756  
US**

Mailing Address

**1452 COURT STREET  
CLEARWATER FL 33756  
US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

**05/21/1990**

4. FEI Number

**59-3008804**

Applied For

☐ Not Applicable

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt #, etc

22 City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt #, etc

27 City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**WILKINSON, JULIE  
1452 COURT STREET  
CLEARWATER FL 33756**

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

Signature: typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE

NAME **WILKINSON, GREGORY T.**  
STREET ADDRESS **530 NORTH GLENWOOD**  
CITY-ST-ZIP **NO. MUSKEGON MI**

TITLE **DVTS** ☐ DELETE

NAME **WILKINSON, JULIE E B**  
STREET ADDRESS **744 WOODLAND DR**  
CITY-ST-ZIP **LARGO FL 33771**

TITLE **D** ☐ DELETE

NAME **WILKINSON, DEBRA**  
STREET ADDRESS **530 NORTH GLENWOOD**  
CITY-ST-ZIP **NORTH MUSKEGON MI**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/15/99**

Date

**(727) 461-7889**

Daytime Phone #

CR2E034 (11/98)