FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 JUL -3 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L88045 (4)

1. Corporation Name
WILKISON & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
3506 Exchange Avenue Naples, Florida 33942	3506 Exchange Avenue Naples, Florida 33942

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 7/10/1990
3a. Date of Last Report: 4/26/1994

2. Principal Place of Business
21 3506 Exchange Avenue
22 Suite, Apt. #, etc.
23 City & State: Naples, Florida 33942
24 Zip
25 Country

2a. Mailing Address
26 3506 Exchange Avenue
27 Suite, Apt. #, etc.
28 City & State: Naples, Florida 33942
29 Zip
30 Country

4. FEI Number: 65-0210465 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HOLLAND, CRAIG "RED"
1207 THIRD STREET SOUTH, SUITE @
NAPLES, FLORIDA 33940

10. Name and Address of New Registered Agent

61 Name: Christian B. Felden, Esquire
62 Street Address (P.O. Box Number is Not Acceptable): Suite 101, Poinciana Professional Park
63 2590 Golden Gate Parkway
64 City: Naples **FL** 65 Zip Code: 33942

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: Christian B. Felden 6/28/95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE 1)	P/D	11 TITLE	P/D ☐ Change ☐ Addition
NAME	WILKISON, David S.	12 NAME	WILKISON, DAVID S.
STREET ADDRESS	3506 EXCHANGE AVENUE	13 STREET ADDRESS	3506 EXCHANGE AVENUE
CITY-ST-ZIP	NAPLES, FL 33942	14 CITY-ST-ZIP	NAPLES, FL 33942
TITLE	V/D	21 TITLE	V/D ☐ Change ☐ Addition
NAME	WILKISON, JAMES N.	22 NAME	WILKISON, JAMES N.
STREET ADDRESS	3506 EXCHANGE AVENUE	23 STREET ADDRESS	3506 EXCHANGE AVENUE
CITY-ST-ZIP	NAPLES, FL 33942	24 CITY-ST-ZIP	NAPLES, FL 33942
TITLE	S/T/D	31 TITLE	S/T/D ☐ Change ☐ Addition
NAME	WILKISON, M. J.	32 NAME	WILKISON, M.J.
STREET ADDRESS	3506 EXCHANGE AVENUE	33 STREET ADDRESS	3506 EXCHANGE AVENUE
CITY-ST-ZIP	NAPLES, FL 33942	34 CITY-ST-ZIP	NAPLES, FL 33942
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	800001592468
STREET ADDRESS		43 STREET ADDRESS	-07/07/95--01055--020
CITY-ST-ZIP		44 CITY-ST-ZIP	******8.75 ******8.75
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	800001592468
STREET ADDRESS		53 STREET ADDRESS	-07/07/95--01055--019
CITY-ST-ZIP		54 CITY-ST-ZIP	****225.00 ****225.00
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	7/3/95 WB
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-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)(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: M. Joan Wilkison 6-28-95 941-649-4404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

M. Joan Wilkison